

“...Here to stay... so... deal with it...”
Experiences and Perceptions of Black
British African Caribbean People
about Nursing Careers.

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DEDICATION

This thesis is dedicated to the memory of my maternal grandparents, the late Levi and Kathleen Beatrice Clarke, whose enduring love and unending affirmation continue to nurture, motivate and remind me of the strength and resilience of my ancestors. Their ‘overseeing’ spirits remain integral to my everyday experiences and ensure they are never forgotten.

“It always seems impossible until its done” Nelson Mandela.1918-2013.

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Terminologies and Meanings.

This glossary of terms used in this thesis is provided for non-specialist and other readers. Usage, in some cases, may be different in the literature, however, for the purpose of this thesis, the terms and meanings identified here will have the same consistent meaning throughout the work.

African Caribbean

The term 'African Caribbean' in this context is used to denote people of African descent of Caribbean origin.

Black

This term generally describes all individuals of African, Asian and Caribbean descent, having been chosen as a term of positive self-identity and as an assertion of political solidarity by some.

Black British

In the context of this project, this term is used to denote those who identified themselves as such, having been born and/or schooled in the British education system, and while their parents may or may not be British born, they have no physical experience of an education system outside of the United Kingdom (UK) This subsequently also gives them a British perspective on culture and lifestyle.

Their ancestors may have originated from Africa, The Caribbean or they may be from mixed parentage of African Caribbean, Asian or White lineage.

Culture:

This can be complex, however it is used here to denote a shared set of values, perceptions, assumptions and ways of viewing and doing things within our social groups, which are based on history and language.

Indigenous community

In this research, the term is used to denote host local people whose origins are from the country concerned, in this case referring to white British people.

Discrimination

The term in this context denotes unfair and/or unequal treatment because of skin color, religious affiliation, sexual orientation, gender and/or disability.

Diversity:

This term, when used in this research, refers to the recognition of the individual as unique, with individual differences which may include race, ethnicity, gender, ability, sexual orientation, socioeconomic status, age, religious and political beliefs. Recognizing diversity should promote respect and acceptance and lead to conscious and deliberate practical actions in the promotion of inclusive behaviours in society generally and the workplace specifically.

Ethnicity:

In this thesis, the term is used to identify an individual's ancestry or place of origin, religion, language and cultural heritage. It tends to be used as a matter of self-perception rather than objective fact, however, which makes it difficult to define.

Institutional Racism:

This term is used to denote health, educational and social inequalities which could result in inappropriate service provision that is not accessible to certain individuals or groups. It is embedded in systems, structures and policies which inform organizational practices. It may lead to discriminatory outcomes for minority ethnic employees irrespective of the motives of the

employer or organization. It often leads to the needs of minority ethnic groups being ignored.

Minority Ethnic:

Used to denote all people from varied cultural groups in the United Kingdom (UK), some of whom may not necessarily identify themselves as Black.

Prejudice:

Refers to negative opinions, beliefs and judgments which are held about individuals by virtue of their membership of certain groups or categories in society. Negative views lead people to act in negative ways towards individuals or groups and may lead to discrimination.

Race:

This term is usually used to denote differences that are based on biological/genetic constructs between groups of people with identifying physical features such as the color of the skin and type of hair, as definitive aspects.

Racism:

Negative actions and outcomes against an individual or group because of their race. The consequences can affect many areas of life, including social interactions, educational achievement, health care access, employment and housing.

In this context, this term is used to refer to actions or inactions, which result in the disadvantaging of minority ethnic individuals in this country, or similar countries.

Racialisation

Used in the context of this research to identify the combination of actions and processes, which together intersect to influence perceptions and negative actions against Black people. These actions include, but are not limited to, gender, ethnicity and social class.

White People:

This is a term used for convenience in this study to denote European people in general.

Abbreviations used in the Study

BBAC	Black British African Caribbean
BME	Black and Minority Ethnic
BTEC	Business and Technical (Qualification)
CAMS	Complementary and Alternative Medicines
CATS	Credit Accumulation and Transfer Scheme
CRE	Commission for Racial Equality
CYP	Children and Young People.
DH	Department of Health
DFES	Department for Education and Science
ECU	Equality Challenge Unit
EN	Enrolled Nurse
ENB	English National Board
FE	Further Education
GP	General Practitioner
GCSE	General Certificate School Examinations
HCA	Health Care Assistant.
HE	Higher Education.
HEI	Higher Educational Institution
HSJ	Health Service Journal
IT	Information Technology
MIND	Mental Health Organization
NIEC	National Institute for Education and Culture
NMAS	Nursing and Midwifery Admissions Council.
NMC	Nursing and Midwifery Council.
NVQs	National Vocational Qualifications.
ONS	Office For National Statistics.
PJ2000	Project 2000

RCN	Royal College Of Nursing
RCOPsych.	Royal College of Psychiatrists.
RN	Registered Nurse
SATS	Standard Attainment Tests
TLRP	Teaching and Learning Research Panel.
UCAS	Universities and Colleges Admissions Services.
WP	Widening Participation.

ABSTRACT

There is a noticeable absence of studies reflecting the personal views and experiences of black British African Caribbean (BBAC) people as students and clinical participants in UK nursing careers.

Previous research about their nursing career choices has always been reported as part of other mixed BME cohorts and migrant groups. Indications in the literature suggest that they were being actively discouraged by their families from choosing nursing as a career, because of their parents' and grandparents' negative experiences as migrant workers in the NHS, leading to very low or non-participation in the profession.

This study set out to address this gap by giving them a distinct voice, independent of other cohorts. It explored the factors which influence their decision and their experiences, throughout a variety of life stages, from school through to university and into clinical practice. This was to identify whether the findings from earlier research are still relevant from their perspectives rather than that of their parents.

Participants and schools in the study were recruited by purposive sampling, and data was collected in three phases, a pilot study phase, a survey phase and an interview phase.

A quantitative and qualitative interpretive approach were adopted underpinned by a mixed methods design. Descriptive statistical analysis of the survey and qualitative content analysis (QCA) of the interview transcripts were utilised to enable interrogation of the data. Findings are discussed within the context of available empirical evidence, related policy perspectives and theoretical underpinnings.

Four main themes emerged from the study, as specific influencing factors on their experiences. These are: careers advice and choice for nursing, support, discrimination/racism and personal resilience.

The findings reveal that BBAC people receive little or no careers advice about nursing at any of their life stages. Consequently, they make uninformed decisions about modern nursing careers, leaving a gap in their knowledge. However, they are not discouraged from choosing nursing as a career, by their families. When they choose a nursing career, they are fully supported and encouraged by their parents and families, in order to survive as students and clinical practitioners. However, institutional support as students and practitioners is weak and very poor. Despite this, they do not intend to actively discourage their own children from making nursing a career choice.

Racism, discrimination and racialisation remain core factors influencing their social, educational and other lived experiences, despite numerous equality legislation and implementation. These have a continuous negative impact on them as visible minority students and practitioners in the NHS. They respond to these negative experiences by developing personal resilience aided by strong social and cultural support provided by their families and community.

These findings make a unique contribution to the knowledge base by giving BBAC participants their own distinct voice. This was achieved through listening to them at varied points in their life stages, from school through to university and as eventual professionals in nursing. This is important new knowledge, which has ensured a clear recognition of their personal perspectives, in their own voices. These insightful new observations are necessary to build a specific knowledge base about them and are very positive for future participation of BBAC people in nursing careers and the NHS.

An adapted model for inclusive participation is proposed, based on the findings of the research.

Limitations are discussed in the study, however the original intention was to explore and draw meanings that would contribute to the continuing debate relating to their participation in nursing careers. In this regard, the study achieved its aim.

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CHAPTER ONE:

“No-one needs to paint himself into a corner; no-one needs to be completely hemmed in by circumstances. No-one needs to be a victim of his biography” (Kelly, 1955:15.)

INTRODUCTION

The representation and participation of Black and Minority Ethnic (BME) communities in the British National Health Service (NHS) have been the subject of much debate and some controversy over many years. In particular, the literature identifies a problematic relationship, underpinned by negative experiences of members of the black African Caribbean community. They were invited by recruitment to participate as nurses in the NHS following its inception in 1948. There is some evidence to suggest that diminishing numbers of black nurses is partially influenced by parental refusal to allow their children to choose nursing as a career because of their own earlier negative experiences (Baxter, 1987). However, there is a paucity of recent existing evidence specifically about Black British African Caribbean people (BBAC), because data about them are usually included as part of other Black and Minority Ethnic (BME) cohorts. Research about their experiences has been based on reports from their parents' experiences in the nursing profession, and included in studies as part of other BME and migrant groups (Baxter, 1987, Lee-Cunin, 1989, Beishon et al, 1997, Grainger, 2006).

This study sets out to bridge the gap, by exploring factors influencing BBAC participation in nursing careers from their perspectives. Using a life stages

approach, the exploration included perceptions about nursing careers, the extent to which their personal career choices are negatively influenced by parents, community, careers advice, or the lack of it, and their knowledge, understanding and image of modern 21st century nursing careers.

It furthermore considered the journey of some who successfully gained acceptance on a program of study as they attempt to qualify and establish a career in nursing. In doing so, it examined their experiences as Black British African Caribbean people in the British education system. This includes the socially constructed identity which constitutes the dominant discourse about them as individuals, and as a cohort (Dickerson, 2010), and determines the outcome of their journey as students of nursing and as qualified practitioners in the NHS. This research explores whether earlier findings of parental reluctance to allow their children and grandchildren to participate in nursing careers could still be relevant over two decades on, as a main factor of negative influence in 21st century Britain. The enquiry also includes the extent to which present participants are equally prepared to discourage their own children and others from choosing nursing as a career.

The study is influenced by an eclectic combination of theoretical traditions, which provide a contextual basis, and informs the findings of this research. They include, but are not limited to critical theories of race, theories of migration and movement of peoples, post-colonialism, critical realism and intersectionality which stems from the black feminist perspective. While it is acknowledged that these theoretical bases are essential in aiding an understanding of the work, the decision for the literature review was based on the researcher's commitment to explore the state of knowledge specifically in relation to the experiences of black British African Caribbean people in nursing education and the NHS. Consequently it was decided to provide a contextual overview outside of the main empirical literature review, which touches briefly on some of the theories cited above, for example migration, critical theories of race, and intersectionality. The

findings of this research are also influenced by these theories, and noted in that discussion.

Background to the study.

My interest in African Caribbean participation in pre-registration nursing education developed from my early work within the post 16 further education (FE) sector. It was prompted by the daily challenges made to me as an educator, from African Caribbean students who had a keen interest in choosing nursing as a career. They reported to me that they were not being given careers advice about how to get on to the Further Education access to Higher Education courses that could help them get on to nursing programmes at university. They articulated that as an educator, I was a part of the problem if I was unable to advise and support them through the processes involved in getting on to programmes that they were keen to participate in.

Until then, my awareness of a problem was at best minimal and worst nonexistent. Although there were no rules for entry onto the 'Access to Nursing Course' which was offered by the college, at that time there were no black participants, despite the fact that all that was required to participate was an expression of interest. Black students accosted me about their expressions of interest which they said were discouraged by white access course admissions tutors. As a black educator, I felt a keen sense of naivety and embarrassment that I had not even been aware of a problem. This experience signaled the beginning of my own awareness of the daily realities facing black British African Caribbean people in the education system.

It emerged that guidance for these students regarding the requirements for entry into training was not provided, even though the college offered access courses into a range of professions, including nursing. Black British African Caribbean students who had arrived in FE having been failed in the British

primary school system (Sewell, 1997, Gilborn, 2008, Andrews, 2013) were heavily represented on vocational courses such as hairdressing, catering and early years education, and did not feel that they had the support or information to complete the available access courses into higher education. Having reported to me that their expression of interest in nursing as a career was usually channeled away from access to vocational courses, I reluctantly had to agree with them that if I was not interested in a possible solution, then I was part of the problem.

By way of response, I consequently engaged in two small-scale research projects, both as part of higher education studies which I was pursuing at the time. One was funded by a locally based organization supporting minority ethnic students in higher education, and the other by my employers as part of my continued professional development. The first study looked at support systems for mature students wishing to enter nursing, health and social care fields, and investigated the use of a framework from a nursing perspective, to encourage self help strategies for learning as mature students (Watson, 1992).

The second funded study considered the achievement debate from a further and higher education perspective, and examined the effects of low educational achievement in schools on the experiences of Black British African Caribbean students within the post 16-education sector, focusing on one particular institution (Watson, 1994). Both studies contributed to program development within the institution concerned, and helped to re-examine priorities in the support of African Caribbean students within the organization.

As an educator in a higher education (HE) institution offering pre- and post registration nursing education to very large groups of students, later on in my career, it was noted again, that minority ethnic students, and, in

particular students from black British African Caribbean origins, were in an absolute minority, and in most intakes, constituted less than two percent of the total numbers of students. It was also noted that this was even more marked on degree programmes of nursing, where African Caribbean students were almost non-existent, constituting less than one percent of a cohort. Given the demographic location of the university in an area with large BME communities, my interest continued to develop and I began to wonder why there were so few Black British African Caribbean students who were getting on, staying on and successfully completing programmes of nursing in HE and what factors were contributing to, and influencing their participation. At that time there were large numbers of black African migrant participants, especially in that institution, who had been directly recruited from overseas.

Justification for the research – Rationale for study.

The area of minority ethnic (BME) participation in pre-registration nursing education is now covered in research, (Baxter, 1987, Lee-Cunin, 1989, Beishon et al, 1995, Iganski, 1998, Grainger, 2006, Darr et al, 2007). However there is a dearth of more recent evidence, which considers the specific experiences and perceptions of Black British African Caribbean students. They are products of the British school system, and their perceptions and experiences as nursing students and practitioners have not been given any emphasis from their perspective. Instead, their voices have been subsumed in the voices of migrant BME participation, with evidence from the data (UCAS, 2012) indicating that Black African participation is increasing and has now overtaken BBAC presence in the NHS.

Why a study about Black British African Caribbean people?

Immigrant participants in British education and as workers in the NHS have had to navigate a whole new system and different culture, arriving fresh from other cultures in to the UK (Alexis & Vydelingum, 2004, Henry,

2007). Black British African Caribbean people however, are products of the British School system. It should be a matter of course in terms of familiarity with, and ability to cope, as children and grandchildren of African Caribbean migrants who had been key supporters of the National Health Service by invitation (Phillips & Phillips, 1998, Kramer, 2006). In addition, people from the Caribbean considered themselves to be fully British prior to migrating to the United Kingdom, given their status as British Colonies. In this respect, they did not anticipate any particular difficulties as migrants, either with finding work, or with settling (Johnson & Cross, 1988).

However, any debate about their children's educational experiences and participation in nursing careers has to consider the wider social, political and educational issues, which inform their identity and social construct, and the inter-relationships which mitigate and complicate their efforts at achievement in the British education system (Coard, 1971, Rampton Report, 1981, Swann Committee Report, 1986, Sewell, 1997, Gilborn, 2008, Sewell, 2010). An understanding of the complexities of this inter-relationship is essential, as it underpins their experiences in society, schools, Further Education (FE) and Higher Education (HE). This needs to also be directly acknowledged by their own personal perceptions, understandings and experiences from nursing careers perspectives. This study provides insight into possibilities, not only for more effective recruitment, selection and retention strategies, but for a better understanding of the processes at play within the context of nursing education and working in the NHS.

The overall aim of the enquiry, was therefore exploratory, seeking to find out from black British African Caribbean people how their perceptions and experiences as students and qualified nurses have been influenced by continuing and enduring notions about them in British education systems and in the NHS. The emphasis was not on the numbers participating but on the insights that could be gained directly from them as a cohort,

throughout their varied life stages about their knowledge, experiences, understanding and lived participation.

Having been raised and schooled in the British system of education, African Caribbean children and young people are usually familiar with local culture. Many of them have never been to Africa or the Caribbean, and consider themselves to be British. It should not be unreasonable for them to have expectations and experience of education and learning in the UK to be able to confidently navigate their way through the school and university system, lifestyles and culture. This, however does not always appear to be the case (Modood, 1993, Gilborn 2008, Sewell, 2010). This work provides additional information to add to the current body of knowledge, being specifically concerned with the issue of Black British African Caribbean people and nursing careers. The decision to focus specifically on them was made because of their forbears' historical relationship with the British National Health service. The research brings together work that has been done so far, examined in the literature review. It aims to stimulate further discourse into the continuous subtleties of exclusion of black British African Caribbean people within British society. Although there is emphasis on the adoption of inclusive processes, through initiatives such as widening participation and equality policies (Equality Act, 2010, DfE, 2003), there still appears to be an inability to encourage, embrace and sustain suitable recruitment, program acceptance, retention and completion strategies in nursing careers in 21st century Britain.

Getting into HE and on to Nursing Programmes

Ethnic categories in the Nursing and Midwifery Admissions Service (NMAAS) dataset, were adjusted from 2006, prior to the service being transferred to the Universities and Colleges Admissions Services (UCAS). Consequently the evidence for applications and acceptance on nursing programmes from NMAAS did not initially identify Black British as a

category, hence assumptions had to be made based on the data provided prior to 2006 (NMAS, 2000-7).

When taken on an all-inclusive basis, BME applicants to pre-registration nursing and midwifery programmes of study in England via NMAS, amounted to 30 percent of the total applications for programmes of nursing and midwifery between 2001 to 2004 (NMAS, 2001-2007). However acceptance for Black African Caribbean applicants amounted to a mere 2.2 percent of that total (Grainger, 2006). Between 2004-2007, black African Caribbean acceptance to adult nursing programmes remained at between 2.0 to 2.9% even though there has been a consistent increase in applications from 762 in 2004, to 1182 in 2005 and 1283 and above in 2006 (NMAS 2004-2006).

NMAS was integrated with the University and Colleges Admissions services (UCAS) from 2007. From dataset of total BME applicants since that date, there has been a steady but small increase in the numbers of Black British African Caribbean students across all subjects, including subjects allied to medicine, where nursing currently sits, from 2007 to 2012, (Table 1). There was a modest increase in the percentages of black student applicants to UCAS, from 5.8% in 2007 to 8.7% in 2012, with a slight decrease for white applicants from 76% in 2007 to 74.7% in 2012. Although percentages are small, the indication is that more BME students are applying in greater numbers to study at university. Acceptance across all subjects (Table 2), also went up from 5.1% in 2007 to 7.6% in 2012, when the number of applicants was 8.7%. As illustrated in table 2, below, although acceptance continued to rise from 2007, for black students, this is at a very small pace. Hence, the ratio of those who apply remain higher than those who get accepted. Applications went up to 8.7% while acceptance went up to 7.6%. This is still low, when compared, for example with Asian acceptance rates of over 9% from 2007, rising to 10.4% in 2012.

TABLE 1.**Percentage Applications overall, to all subjects, (UCAS) By Ethnicity.****Source Statistics online, 2013. UCAS.**

Ethnic Group	2007	2008	2009	2010	2011	2012
White	76%	75.2%	76%	76.9%	75.9 %	74.7%
Black	5.8%	6.5%	7.1%	7.7	8.3	8.7
Asian	9.3%	9.3%	9.3%	9.6	10.0	10.4
Mixed	3.0 %	3.1 %	3.1%	3.43	3.6	3.6
Other	1.1%	1.0 %	1.0%	1.1.	1.2	1.5
Unknown	4.7%	4.9%	4.9%	1.4	1.1	1.1
Total	100	100	100	100	100	100

TABLE 2.**Percentage Acceptance overall (all subjects, UCAS) By Ethnicity- Source,****Statistics online 2013, UCAS.**

Ethnic Group	2007	2008	2009	2010	2011	2012
White	76.2	75.6	76.7	78.1	77.3	75.7
Black	5.1	5.7	5.9	6.4	6.9	7.6
Asian	9.3	9.2	9.2	9.6	10.0	10.4
Mixed	2.9	3.0	3.1	3.3	3.6	3.5
Other	1.1	1.0	1.1	1.0	1.1	1.4
Unknown	4.7	4.9	3.4	1.4	1.1	1.1
Total.	100	100	100	100	100	100

The issue appears to be based on acceptance rather than application rates as numbers of BME participants making application to join all programmes continue to be high or are slowly increasing, although acceptance rates, while also improving, still lags behind somewhat. When examined in more detailed breakdown, it is noted that there is still only a very small increase in percentages (Tables 3 & 4).

TABLE 3

Percentage ethnic applications in detail. Source: UCAS, 2013.

Ethnic Group	2007	2008	2009	2010	2011	2012
White	76.0	75.2	76.0	76.9	75.9	75.7
Black African	4.0	4.5	5.1	5.6	6.2	5.6
Black Caribbean	1.5	1.6	1.7	1.8	1.8	1.6
Black Other	0.4	0.3	0.3	0.3	0.3	0.4
Asian Bangladeshi	0.9	0.9	1.0	1.0	1.1	1.2
Asian Chinese	0.9	0.9	0.8	0.8	0.8	0.8
Asian Indian	3.7	3.4	3.3	3.2	3.3	3.5
Asian Pakistani	2.6	1.4	2.7	2.9	3.1	3.3
Asian other	1.2	2.6	1.5	1.7	1.8	1.7
Mixed white/Asian	0.9	0.9	1.0	1.0	1.1	1.1
Mixed white/black African	0.3	0.4	0.4	0.4	0.4	0.4
Mixed White/Black Caribbean	0.8	0.8	0.9	1.0	1.0	1.0
Mixed other	0.9	0.9	0.9	1.0	1.0	1.0
Other background	1.1	1.0	1.0	1.1	1.2	1.4
Unknown	4.7	4.9	3.4	1.4	1.1	1.2
Total	100	100	100	100	100	100

There is a fall in applications from 1.8% in 2011 to 1.6% in 2012 for African Caribbean people (Table 3) and a small increase in acceptance from 1.5% in

2007 to 1.6% in 2012. (Table 4). According to the NMAS data (NMAS, 2002), applications from African students increased from 4% in 2002 to 6.2% in 2011. This however decreased again in 2012, to 5.6%, from 6.2% in 2011, but acceptance rates have increased consistently from 3.4% in 2007, to 5.6% in 2012. Of the BME acceptance cohorts, Black African students constitute the largest percentage of 5.6% in 2012, while African Caribbean students continue to lag behind at 1.6%, both in application and acceptance at university.

TABLE 4.

Percentage Acceptance by Ethnicity, - Detailed. Source, UCAS 2013.

Ethnic Group-detailed	2007	2008	2009	2010	2011	2012
White	76.2	75.6	76.7	78.1	77.3	75.7
Black African	3.4	3.9	4.2	4.5	5.0	5.6
Black Caribbean	1.4	1.5	1.5	1.6	1.6	1.6
Black Other	0.3	0.3	0.3	0.3	0.3	0.4
Asian Bangladeshi	0.9	0.9	1.0	1.0	1.1	1.2
Asian Chinese	0.9	0.9	0.8	0.8	0.8	0.8
Asian Indian	3.8	3.5	3.5	3.4	3.5	3.5
Asian other	1.2	2.6	1.4	1.6	1.7	1.7
Mixed white/Asian	1.0	1.0	1.0	1.1	1.1	1.1
Mixed white/Black African	0.3	0.4	0.4	0.4	0.4	0.4
Mixed White/Black	0.7	0.8	0.9	1.0	1.0	1.0

Caribbean						
Other mixed	0.9	0.9	0.9	1.0	1.0	1.0
Other ethnic background	1.1	1.0	1.0	1.0	1.1	1.4
Unknown	5.3	5.6	4.0	1.6	1.1	1.2
Total	100	100	100	100	100	100

While acceptance figures noted above are still low, the datasets show an increase in HE acceptance rates overall for BME applicants, but the percentages are still quite low among Black British African Caribbean people (BBAC) when compared, for example with African and Asian people (Tables 3 & 4).

Overall aim of the research

The overall aim is to explore processes that contribute to perceptions, participation, and experiences of Black British African Caribbean people (BBAC) in nursing as a career. Formal and informal processes, which have the potential to influence pre-registration nursing education were examined within the complex historical relationship of black British African Caribbean people with the NHS from its launch in 1948 to the present (Phillips & Phillips, 1998). This research explored macro and micro influences on Black British African Caribbean participation as students and practitioners, and examined the empirical evidence to date, in order to attempt to make sense of the present issues.

Objectives of the Research

- To ascertain the knowledge base of BBAC children and young people about careers in nursing.
- To enquire about careers advice relating to nursing among BBAC children and young people.
- To explore parental and community influences on low or non-participation of BBAC people in nursing careers.

- To question whether BBAC people are actively discouraged by their parents and family from choosing careers in nursing because of past negative experiences.
- To document the experiences of BBAC people as students, and employees of the NHS.
- To outline the possible implications of low participation of BBAC people in nursing careers and its potential impact on nursing practice to a diverse population.
- To draw conclusions and consider implications based on the findings of the research.

Research Questions.

- What do BBAC children and young people think and know, about nursing as a career?
- What careers advice do young BBAC receive about nursing as a career?
- Do parental or family/community influences contribute to low or non-participation in nursing as a career?
- Are BBAC people actively discouraging their children from choosing nursing as a career as a consequence of their forbears' negative experiences in the NHS?
- What are the experiences of BBAC people, as student nurses and employees of the NHS?
- What are the possible implications of low participation for nursing practice specifically, and for the development of nursing into a highly specialist profession, serving a diverse population generally?

The above questions were central to this enquiry and informed the basis of the work that was done.

Black British African Caribbean young people and adults in British society, will perhaps have different expectations and attitudes about education and

the workplace than their parents and grandparents. They were raised and schooled in the British Education system, and they are familiar with aspects of British culture, some of which they adopt as their own. This should enable them to cope with the education system, and with the workplace. However their achievement and experiences do not always reflect this. They may not know very much about their parents' culture or homeland, and may never have visited, yet they seem unable to navigate education and workplace experiences without being affected by a variety of factors, which mitigate against their ability to survive and thrive in education and work (Hockings, 2008, Gilborn, 2008). Parental ambitions for their children and young people do not appear to be sufficient to enable their successful navigation of systems and processes, and the quality and existence of careers advice before leaving school is questionable (Cross et al, 1990). In fact, their experiences in education have been described by some as a war against them (Crozier, 2005), summarizing the conflict with which many are faced while at school.

The concept of widening participation (WP) aimed to enable better access to HE for all young people and also for mature adults. It makes attempts to ensure that there is an increase in the admissions of groups that have previously been under represented in higher education (Action On Access, 2005). These include, disabled people, those from families on a low income and minority ethnic groups. WP was introduced in 2000 as a major component of higher education policy in the UK. following public debate relating to specific incidents. The first incident occurred after Laura Spence, a state school student with high GCSE O and A level grades, failed to gain a place to study medicine at Oxford University. This sparked allegations that the university discriminated against her, because of her background as a white working class student from a state school. Laura subsequently went on to study biochemistry at Harvard University after they awarded her a scholarship, and eventually graduated in 2008 from

Cambridge University with a distinction in her medical degree (BBC, 2000; Daily Mail, 2008). The second incident was caused by concerns about the admissions policy of the University of Bristol in 2003. It was alleged that in response to the widening participation strategy, the university had biased its admissions system in favour of students from state schools over those from the independent schools sector, thereby rejecting some students who had very strong academic backgrounds. Bristol University had introduced the widening participation initiative into its admissions procedures (Macleod, 2003), Guardian London, 2003). The political debates which followed the media discussions of both events still persist, and WP is now embedded in all HE provision, supported by funding from the funding council (HEFCE) (Bibbings, (2006). The main aims of WP are to:

- Ensure an increase in the numbers of underrepresented groups in HE.
- Make sure there is an admissions process in which admissions tutors take into account those applicants that are from under-represented groups who demonstrate that they have the potential to succeed on programmes of study. Tutors are expected to increase the numbers of students from those groups.
- Provide support for these students to enable them to integrate successfully onto programmes of study and succeed in their studies.

This route into HE is still available to those who cannot enter on standard qualifications due to non-achievement or underachievement within the school system (Action on Access, 2005).

Although programmes of nursing were included as part of WP, the extent to which this has been successful for nursing has not been evaluated nationally from the black and minority ethnic (BME) perspective. BME students are usually considered to be from lower socioeconomic groups and entering HE from non-prestigious state schools, where educational achievement may have been problematic (Teaching and Learning Research

Program (TLRP), ESRC, 2009). Consequently, it is assumed that their presence in HE is usually through the WP route (Sewell, 2010). However, Thomas & Berry (2010:15) argue that BME students and race equality have not been a primary focus of WP policy and intervention in the UK.....'. Yet this widely held assumption tends to drive perceptions about them (Guardian, 2003). Additionally, despite achieving required traditional entry qualifications, getting accepted into the more prestigious universities, where the traditional entry qualifications are still important remains a challenge (Crozier, 2005, Gilborn, 2008). Consequently, their entry into the HE sector is usually mainly through the post 1994 universities (David et al, 2008).

'New universities' as they were called, tended to receive their catchment of students mainly from the further education (FE) post 16 sector with which many were directly affiliated as old polytechnics, prior to having their statuses changed in 1994 (Reay et al, 2001). The post-16 sector tends to cater for those learners who, for various reasons, were unable to make the grade in the traditional manner of the compulsory schools system (Bathmaker, et al, 2008). Within this group, large numbers of Black British African Caribbean students have historically participated as the achievement debate continues to inform their outcomes in school (CRE, 2002, Sewell, 1997, Gilborn, 2008, Sewell, 2010). However, whether or not the choices they make while in the post-16 sector gets them on to the program of studies that they wish to undertake may be dependent on a number of factors, which could probably include the initial interview in the post 16 sector, their previous educational achievement, and/or their knowledge of the post 16 sector and the way it works (Nabi, et al, 2005, Mirza, 2006).

Although BME students tend to be much more likely to choose HE than white students, they still remain concentrated in new universities (Modood, 2004). However, for those who may be high achievers, the burden of the

assumption that their hard earned place in HE is as a result of widening participation and positive action poses additional issues with which they have to grapple as they navigate the system (Thomas & Berry, 2010, David et al, 2008, Guardian, 2003). From widening participation perspectives, this should be a positive outcome, and should guarantee them the appropriate support needed to help them cope in HE. This, however may not be the case given the high attrition rates across all courses, making institutional support a questionable factor, which some universities have begun to explore (Higher Education Academy, 2006).

Mixed methods, which included qualitative and quantitative methods were used to explore the experiences of British Black African Caribbean people as nursing students and qualified practitioners and of Black British African Caribbean children and young people's perceptions and knowledge of nursing as a career. Using in-depth interviews provided detailed insights into how Black British African Caribbean students of nursing navigate the HE system and eventually the workplace as qualified practitioners, and their perceptions of what they experience in the process. In addition, the quantitative survey of the views of young people in the school sector identified what they think about nursing as a career, their knowledge, if any, about the actual role of a nurse and the careers pathways possible, and what careers advice if any, they have had in school about nursing. The use of mixed methods provided the best overview of the current situation, giving the opportunity to triangulate findings as appropriate (Barker et al, 2002), with a sound basis for the examination of those factors and their impact. Coming directly from the lived experiences of those currently in the system and perceptions of young people on the brink of entering the world of work, the enquiry touches on the phenomenological theoretic framework, and links with Heidegger's hermeneutics perspective (1962). This is possible because of the use of the semi-structured interview, which informed one stage of the study and positioned the researcher to analyse

and interpret the information provided from the interviews as an active contributor to the process of enquiry, having a shared ethnic and occupational identity with participants (Heidegger, 1962).

Outline of the thesis

Chapter two examines the contextual historical factors, and draws on some theoretical traditions such as migration studies, critical race theories and post colonialism, specifically the issues of migration and its resultant political and economic impact on employment and education of people from the New Commonwealth. This was done within the conceptual perspective of 'race' and ethnicity, as an underlying notion. The British National Health Service is also examined, to consider its inception, its original aims, and the changes, which have since taken place, including its dealings with nurses from the New Commonwealth, specifically Black African Caribbean people. Finally, nursing is examined, to consider the changes, which have contributed to its shift from vocation to a highly professionalized occupation, and the way the cultural perspectives are handled in present day nursing curriculum. This contextualizes the research questions, building a bridge between the macro influences, used when investigating the micro aspects of the study.

Chapter three reviewed the main literature for this thesis, examining the available empirical evidence relating to recruitment, retention and participation of BMEs in nursing education and the NHS. Perceptions and achievement of black people in the education system are discussed, including an account of how children and young people perform in schools, presented within the context of culture, 'race' and ethnicity, and careers advice generally in the UK. This reflects the overall issues in the race relations agenda, and includes a comparative discourse relating to other careers such as medicine, the allied health professions, the police and similarities and differences relating to career participation by Black British

African Caribbean people. This chapter also includes a review relating to the management development of black nurses in the NHS. Cultural sensitivity in the nursing curriculum, specifically relating to ethnic issues affecting health and disease processes is explored. The historical issues relating to Mary Seacole in comparison with Florence Nightingale in the nursing curriculum are highlighted, including a consideration of comparative aspects of the experiences of Mary Seacole during the Crimean war and Black African Caribbean nurses in the NHS.

Chapter four examines the methodology used for this study, with rationale. The quantitative and qualitative design both provide a multidimensional approach which enabled a clearer overview of the issues, within the exploratory perspective of this study. The use of methods is explained and justified within the context of the theoretical base on qualitative and quantitative approaches, and their application in this study is explained in detail.

Chapter five presents the empirical findings from the data in part one, based on the studies carried out, with descriptions of interviews and an account of the survey analysis. The data presentation from both the quantitative and qualitative paradigms as mixed methods provides the framework upon which the analysis is based.

In addition, it presents all the actual results of the data analysis, building on the literature review and the framework provided from the presentation of the data. It includes a discussion of the pilot study, the data sources, profiles and biographies as appropriate and a discussion relating to individual interviews. An account of follow up interviews with each participant is also presented, including confidential profiles of individual schools.

Chapter five, part two, also provides a discussion of the findings of this research, and makes links to the original literature review. The findings

are also contextualized in terms of theoretical traditions which inform them. The qualitative and quantitative data are discussed including the themes from the interviews, with examples from participants comments. Intersectional issues of 'race' ethnicity, educational impact and nursing implications are explored, among other issues relating to support, resilience and career choices.

Chapter six gives an account of the researcher's reflections on the whole process of doing this research, to add to the exploration of the issues in question. This includes a personal view on the journey of the thesis, using a framework common to students and practitioners of nursing (Rolfe et al 2001). The discourse includes data collection issues, work-life balance perspectives as a full time nursing educator and a part time researcher. It draws explicitly on notes kept as part of a research diary.

Chapter seven presents the conclusion and implications of the thesis by returning to the original research questions and examining the implications of the findings, relative to race, policy, theoretical underpinnings, education, clinical practice and nursing management. A model of inclusion for future participation, adapted from Rattansi (2005) will also be proposed. Study strengths and limitations are cited and issues for further research explored.

Summary

This research explored factors which influence the participation of BBAC respondents in nursing education including issues they face as practitioners if they qualify. While the numbers applying to join programmes of nursing are low in comparison to white applicants, there has been slow, steady increase in the overall applications from BME communities (Grainger, 2006). However, the acceptance of those applying appear to be particularly low, rising from 2% to 2.9% over a four year period,

and acceptance rates for BBAC people are lower than, for example black African participants. This thesis explored the influences through the use of mixed methods data collection and analysis.

CHAPTER 2

The Context of this Research.

“ There is no more powerful position than that of being just human. The claim to power is the claim to speak for commonality. Raced people can't do that – they can only speak for their race” (Dyer, 1997: 2).

Introduction.

A process of enquiry which examines issues of ‘race’ and ethnicity must be done with an understanding of the overarching theoretical and historical foundations and representation of the concept, rather than as a taken for granted phenomenon (Miles & Brown, 2003). This study concerns itself with attempting to understand and explore the experiences and perceptions of Black British African Caribbean people, identified as a minority ethnic group in Britain, which necessitates a deconstruction of its reproduction in research processes. The aim is to ensure that ontological categories are problematized and critically explored in terms of the social and contextual practice of research.

As acknowledged in the previous chapter of this work, there are a number of theoretical traditions, which directly impact on the context of this study. They include theories relating to migration, critical race theories and racialisation, theories of post colonialism and intersectionality. This is a black feminist perspective on multiple oppressions and their impact on the lives of black people generally, and black women specifically. This study recognises their impact and importance in shaping the context of this enquiry and influencing the outcomes of the research. Their eclectic nature and inter-relationship renders them integral to all aspects of this thesis, however in the interest of space and in order to facilitate an acknowledgement of each rather than of just one or two, the decision was

made to consider them in an integrated way throughout this chapter and in the findings and conclusion of this thesis.

This section of the study will consider the ways that 'race', ethnicity and culture have been theorized in research, highlighting the resultant tensions for theorists and researchers alike, (Gunaratnam, 2003), and its impact on migration outcomes for black people as individuals and communities. This should contribute to a better understanding of its relationship to this enquiry, and is being considered outside of the literature review for this study as a conceptual overview.

'Race', and ethnicity - Its origins.

Popular everyday language continues to use the terms 'race' and ethnicity as part of social and professional discourse despite the fact that they remain controversial aspects of any social sciences enquiry (Nayak, 2006).

Differentiating groups on the basis of physical differences in biological or genetic terms is no longer considered scientifically sound, yet this remains the emphasis of the use of the term (Carter, 2007). Categories based on race continue to inform scientific enquiry of variations in human reactions and responses to health and disease, hence ensuring continued complexity in the social scientific arena, where the racialized emphasis on the search to identify difference remains problematic (Tutton, 2007).

Although the ideas have been discredited, in terms of biological and genetic differences, their use to inform popular discourse, has a tendency for them to be used interchangeably, considered by some to be no more than a way of identifying descent and culture (Fenton, 2003). In this respect, physical features continue to be the visible aspect of an individual's common ancestry, which identifies them as being different. This use of physical and biological characteristics to categorize and define social groups underpins the definition and dilemma of 'racialisation', and serves as a powerful way of ensuring continued inequitable impact (Dyer, 1997, Rattansi, 2005).

'Race' , Racism, and Racialisation.

Within this context there is an imbalance of power relationships, which contribute to marking out those who share migration histories, language, and other physical features, for example, skin color, making them readily identifiable and unable to 'disappear' or melt into the majority white population (Johnson, 2008). White minority groups are usually able to overcome this problem of physical difference by the time they get to second generation as children of migrant white families (Garner, 2009). This contributes effectively to the ability to become invisible, which is not possible for Black British African Caribbean people. The burden of visibility of their skin color marks them as minoritised other (Miles, 1993, Aspinall, & Mitton, 2008), and continues to feed into popular and unpopular racialized perceptions of them from individual and institutional perspectives (Puwar, 2004).

Dyer's (1997) observation of whiteness as remaining unchallenged lies within the basis of its un- deconstructed privilege, which continues to contribute to the process of racialisation by not only perpetuating but also drawing on persistent biological constructs in support of its assumptions (Bhopal and Donaldson, 1998, Lewis, 2004, Nayak, 2007).

Culture and ethnicity

Ethnic identification from an essentialist perspective is not always considered to be a desirable social outcome, instead, there is a necessity to understand the social and cultural contingencies which often include other variables (Nagel, 1994, Aspinall & Mitton, 2008).

Furthermore, there is an argument for taking the understanding of ethnicity to a cultural level in terms of 'descent' (Fenton, 2003). From this perspective, culture becomes an important aspect of the ethnic identity of an individual. However, this does not automatically infer commonality of lifestyles, values and belief with others from a similar group. This

illustrates the need for exercising caution rather than depending on simplistic explanations of the inter-relationship of culture, ethnicity and ethnic identities, because of the contested nature of the discourse (Kelleher et al, 1996, Fenton, 2003).

Pierre Bourdieu and Ethnicity in Research: Structure and Agency.

Bourdieu's theory of 'habitus' has been contextualized by some to apply to the concept of ethnicity and the production of ethnic identity (May, 1999, Lynam, et al, 2007). The concept allows an understanding of identities and subjectivities in terms of the way they are not only created but sustained. Bourdieu concentrates on how structure informs the creation and formation of identity, arguing that actions of people (agency) are key features in reinforcing and reproducing identity (habitus), (Bourdieu, 1977).

Bourdieu also argues that the social structures which form part of individual encounters on a daily basis play an important role in subconsciously shaping their lives in very significant ways. This is not necessarily always a detrimental relationship. Individuals with agency and purpose are able to operate in strategic ways although there could be possible constraints in terms of habitus (May, 1999). Bourdieu's strategies include dispositions, which are developed from internalized and practical senses of ways of behaving and responding in particular situations and not from rational choices (Wacquant, 2006). 'Field' and 'capital' are two important concepts to which Bourdieu refers, which represent the ways that habitus may be enacted individually. Social spaces and contexts (social terrain) represent the field, responsible for setting and imposing regulatory behaviour guidelines. In addition, 'capital' can be manifested as social, cultural, symbolic and or material and can become an acquired resource which can be exchanged for field entry and navigated in order to make sense of an individual's social world (Bourdieu, 1986). This concept represents an important exploration of how an individual may apply 'capital' in the process of negotiating a variety of 'fields'. The expected outcome is the

ability to construct and reconstruct habitus as necessary. This habitus can be, and is usually shared by others with experiences which reflect their own in many ways. The ability to share within a matrix that is non the less varied allows the development of practices and dispositions which enable the enduring qualities of culture, religion, ethnicity and gender, while having the capacity to be transformative and fluid. There is then an opportunity for further understanding how social identities are stabilized or changed over a period of time and/or space (May, 1999, Wacquant, 2006).

The experience of ethnicity has long been recognised as being a central aspect of positioning from a structural perspective for some groups in society. For example the shaping of identity through ethnicity has tended to place some groups in low socioeconomic positions (Nazroo, 1997). Black African Caribbean groups, Pakistani groups and Bangladeshi groups share this structural positioning, although in certain areas, each may assume the lowest position depending on what is at stake. For example, Bangladeshi groups are considered to have the lowest educational attainment levels and health outcomes, and black British African Caribbean boys appear at the bottom of the pile in school outcomes (Modood, 2004, Sewell, 1997, Gilborn, 2008).

Drawing on Bourdieu's concepts, there is an argument for the need for a better understanding of structural positioning, which shapes identity for minority groups (Nazroo, 1997). Nazroo also argues for a recognition of the self as an important agency in developing ethnic identity, seeing it as essential to an understanding of self and identity. Criticisms of Bourdieu's work include the suggestion that categories such as fields and capital, are ambiguous, and that habitus is actually another form of structure (Jenkins, 2002). However May, (1999: 30) suggests that understanding the concept has the capacity to help explain and understand habitus as a collective entity, with capacity to normalize actions and behaviours, such as 'whiteness'. Equally it also enables a clearer understanding of the

marginalization of other groups in their attempts to access new fields and the allocation of status and value to some forms of capital, which become more valuable than others.

Their application in this study becomes clear as the work progresses, starting with the historical context of colonization and migration from a macro analysis, in order to situate the subsequent post colonial impact on the experiences of Black British African Caribbean people in their present social context.

The Historical Context- Colonization, and Migration: The interface with critical race theories.

The political and economic issues facing Europe before world war two provide an important background to the development of European labor needs following the war. The context is required to situate the positioning of migrant groups in the process, and British Born African Caribbean groups in particular, as second and third generation migrants. The emergence and inclusion of the concept of race, and its impact on scientific development and thought is a vital contextual basis which has informed and influenced experiences of black and minority ethnic (BME) people in Britain, as it did throughout Europe (Tierney, 1982, Troyna & Edwards, 1990, Solomos, 1992).

Migration movement, before the war, mainly of Europeans as discoverers and pirates, was already well established however, and the 'world' as it was known then, had already been, or was in the process of being carved up among European settlers, continuing before, during and after the war (Miles & Brown, 2003). Areas affected predominantly consisted of countries where local people were black, Indian and/or Asian, and deemed to be uninhabited, in the case of Australia, Canada and South Africa (Rex & Edwards, 1990). The birth of colonialism, with its central themes of exploration and discovery, played a major role in the way those being

explored and discovered were perceived (Solomos, 1992). It is suggested that the most forceful impression on early explorers, who very quickly assumed superiority and started to exploit and conquer, were the physical differences of non- Europeans, and the polarity in terms of skin color, viz, black versus white (Mason, 1995). This impression fed into the continued negative representation in the English language, where black denoted everything evil while white denoted everything pure and good. This has added to the complex development and racialised identity of black people, which persist to the present day (Fozdar et al, 2009).

The impact of perceptions on the interactions between ethnic minority people considered as subordinates to dominant white groups, have been consistently driven by these historical issues, specifically the issue of 'blackness' (Bohning, 1972, Andrews, 2013). Slave plantations and post plantation societies have been the main contributors to eventual economic migration by invitation. It is out of these societies that the New Commonwealth was born (Dabydeen et al, 2007). The admission of voluntary migrants, and the unwelcome reception of displaced persons into a host country underpins continuous colonization and urban stratification (Rex & Edwards, 1990, Solomos, 1992). Colonial society was structured in a highly stratified manner, with ethnicity, according to Rex & Edwards, being a distinct liability. They further argue that this stratification is rationalized and validated by dominant groups who exploit, oppress and discriminate by providing arguments to make their practices appear inevitable, or natural (Rex & Edwards, 1990). This study argues that a clear understanding of this historical context is crucial when considering the experiences of Black British African Caribbean people in 21st century Britain (Dabydeen, et al, 2007). The polarity of 'blackness' versus 'whiteness' and the embedded notion of inferiority versus superiority continue to foster perceptions which contribute to ongoing challenges with racialisation (Rattansi, 2005, Fozdar et al, 2009, Andrews, 2013). Yet there is sometimes a continued urge to

subsume this argument in favour of the 'color blind' approach when considering society from a racialised context, which argues about its lesser importance from white perspectives (Brace, 2005). That race is considered to be about the 'other', therefore places white people outside of racialised discourses (Lewis, 2004), and feeds into a continued reluctance and even refusal to acknowledge any possible outcomes and effects which may be as a consequence of racialisation (Lewis et al, 2000).

The emphasis on physical and other differences further justified the idea of no value being attached to people from colonial backgrounds (Solomos, 1992, Miles & Brown, 2003). Political and racist ideologies also affected scholars from Europe in terms of their postulations on the pre-colonial, colonial and post-colonial periods (Rex & Edwards, 1990). Pre-colonial societies were also not considered as having any value whatsoever. These concepts were reflected in the writings of the time, and were widely embraced in popular western circles. Such societies were represented as being heathens, way outside of mainstream civilization, too far gone to be redeemed, except with the introduction of European values, ideas and institutions (Fozdar et al, 2009). Those values were introduced through religious indoctrination and were an enduring aspect of the legacy by the presence of missionaries in the colonies (Anwar et al, 2000). Hence, in spite of the fact that colonialists encountered a wide range of different societies from simplistic nomadic type lifestyles to more complex empires in Africa and Asia, this did not stop the systematic efforts at denigrating, demonizing and effectively pillaging these societies, leaving many completely dependent on help (Rodney, 1972).

The destruction of these societies was effected in a variety of ways, either by exterminating some groups, for example the Caribs, an Arawak Indian group in Jamaica, or by ensuring, where possible, that the more sophisticated empires became totally dependent on colonialism (Rodney, 1972, Solomos, 1992, Miles, 1989). Economic and social strategies, some of

which were already being used by these societies, were then used as exploitative tools against them, by colonialists (Dean, 1987, Marger, 2011). Racial and ethnic order in colonial societies was therefore well established and formed the basis of popular thinking in the western world. Class and status systems were determined by colonial masters, and racial caricatures and stereotypes were popular features across all of western society, including Britain. It is argued that the purpose of these served primarily to ensure continued categorization which later informed debates and discourses about the preservation of English racial character and national identity, hence being used as grounds for including or excluding people based on race and defined by skin color (Solomos, 1992, Harris, 1998).

It is against this backdrop of exploitative capitalist endeavors and enterprises that the subsequent recruitment and employment of immigrants as the underclass across Europe became a reality, having a major enduring impact on the lives of black migrants who chose to make it good in the 'motherland' (Jenkins, 1992). Indeed, this was the case from the perspectives of people from the Caribbean. The dependent relationship, which was such a major feature of their colonial society, made this choice an almost inevitable one, given the abject state of poverty in which their countries were left (Dean, 1987). In the case of African Caribbean people, the end of the slave trade brought with it new oppressive actions with no infrastructures in place to support newly emancipated slaves. Local ex-slaves with no skills or economic capital, found themselves having to compete with skilled Laborers, usually shipped in from places such as India and China (Miles, 1993). It was not long before it became clear that they were at the very bottom of the economic and social pile (Solomos, 1992). The attraction of 'motherland' became especially important, with a ready supply of willing hands, most of whom were ex-slaves, with no work, and eager to respond to the recruitment drives of British politicians (Berkley, 1977).

British Minorities- pre-and post war.

The presence of minorities in Britain, however, did not begin with people from the New Commonwealth. There was Jewish immigration before the 2nd World War, although they were not actually used as cheap Labor. Irish experiences of colonisation and conquest have also provided cheap Labor in England for a very long time (Miles 1993, Garner, 2009). As a consequence, the British population has always relied on people who represent successive migrations from earliest history (Mason (1993). The presence of black people in British society also date back to the sixteenth century, specifically in ports such as Bristol, Liverpool, Cardiff and London, which had permanent black settlements (Dabydeen et al, 2007). Black people living in Britain have organized political activities as reported in the Times (July 7, 1900), in an attempt to try and influence public opinion in their favor. The participation of Black people in the war as seamen, soldiers and munitions workers, and in the Royal Air Force as ground crews and mechanics, has not always been appropriately recognised (Benyon,2011).

The emergence of industrial capitalism therefore carried with it a need for a workforce, which was accessible, flexible and readily available at minimum cost. Irish immigration to England was directly related to colonization, which resulted in the great Irish famine and poverty (Akenson, 1993). The gaps filled by Irish migrants included seasonal Labor in the agricultural sector and the construction of UK roads and canals (McKeown, 2004, Garner, 2009). These relationships form an important link when trying to understand the impact of migration and how it was experienced by early and subsequent participants in UK society. They also assist in explaining present day experiences, which remain rooted in early historical perceptions that continue to inform individual and group outcomes for black British African Caribbean people as 'visible' minorities (Johnson, 2008).

Early Systems of care

In order to contextualize the present day relationship of the British public with the NHS, and with their desire to keep it functioning as an important healthcare provision, an understanding of early systems of care before, during, and following the second world war is imperative. It also throws some light on reasons why successive governments since the inception of the NHS have to exercise caution when making any suggestions that could be interpreted as attempts at getting rid of this national institution (Blakemore, 2003).

The British National Health Service (NHS) was preceded in Britain by the Elizabethan poor laws which dated back to the 1600's, and which largely provided for the welfare of the poor. Conditions were harsh and uncaring, being designed to discourage scrounging, and ensure only the most needy received help (Blakemore, 2003). This inevitably meant that a two-tier system existed, where the landed gentry and those financially able to, by virtue of their class status, had access to health care for which they paid, while the poor had to resort to the poor-house experience if they were ill (Baily 1984). These experiences were exacerbated throughout the difficult war years, when rationing was a part of the daily routine of British life, hence the case for the launch of a national health service (NHS), which Bevan and Beveridge were keen to introduce (Fraser,1980).

The state of the nation's health, which was measured by the health of its men, received a severe blow when it was discovered that many British men were unfit for war due to the high levels of ill health (Fraser, 1980, Blakemore, 2003). It was within this context that Bevan's ideas of welfare and reform were developed and introduced through a series of overarching changes which were to shape the recovery and development of Britain after the war (Fraser, 1980). The birth of the National Health Service featured in these reforms as a promise from Government to the British people following

the war, that things would be better. However, it posed direct employment dilemmas for policymakers and planners, paving the way for the new wave of black Commonwealth workers to fill gaps that local people did not find particularly attractive at the time (Solomos, 1992).

The Crimea and Mary Seacole Contribution.

Even before the birth of the NHS, however, the contribution of black people from the Caribbean to health care delivery had taken place. This happened through the efforts of Mary Seacole, the Jamaican woman who cared for soldiers in the Crimean war and was acknowledged for this work during Victorian times (Seacole, 1857, Alexander, & Dewjee, 1982). The soldiers praised Seacole who had used her own funds to make her way to the Crimea after being turned down by the British War Office for her efforts (Robinson, 2004). Seacole commented on the possible reasons the war office declined to accept her on their team by musing over whether this may have been because of the color of her skin (Seacole, 1857, Alexander, 1990). She was actually in the Crimea at the same time as Florence Nightingale, yet her important contribution has taken decades to be given recognition, and those who work at continuing to ensure her profile and contribution are kept alive still struggle to gain the appropriate funding for a memorial (Anionwu, 2005). Knowledge of this important contribution by a fellow African Caribbean remained largely hidden for many years from migrant nurses of the Windrush and post Windrush era (Kramer, 2006). It has only been in the last decade that many became aware that in fact there is a 'black' Nightingale, as she has come to be known, who faced similar experiences to themselves in the struggle to provide care (Anionwu, 2005, Robinson, 2004). The absence of black women from British school history curriculum (Guishard-Pine, 2010) is not unlike the exclusion of Mary Seacole from the nursing curriculum, despite stalwart attempts to engage nursing educators with resources to enable this gap to be filled (Anionwu, 2005). There is currently no evidence of any attempts to evaluate

perceptions of nursing educators about Mary Seacole and the nursing curriculum, and whether they consider this to be an important addition. However, Florence Nightingale is a British and Commonwealth household name as 'the lady with the lamp' and is routinely referred to across the nursing curriculum, without having to be part of the developed framework, which is interesting given the fact that both women received accolades after the war (Robinson, 2004, Anionwu, 2005).

Creating a Welfare State

When the NHS was launched in post war Britain in 1948, the promise to the British people of a fully comprehensive health service, free at the point of delivery, and available from the cradle to the grave, was considered easy to achieve at the time (Alan and Jolley, 1982, Blakemore, 2003). Post war British governments were keen to show that they were aware of the difficulties the nation had undergone, and were determined to do something positive to compensate for many years of hardship during the war. They were also keen that the nation should know of the proposed plans. There were hopes of a bright future, but re-building the economy would need high levels of productivity and contribution from everyone (Blakemore, 2003). However, local communities, following the ravages of the difficult war years were not happy to participate in low paid low status work (Fraser, 1980). The creation of a welfare state, of which the NHS was a part, was brought about because of the Beveridge report, forming the basis of extensive social reforms, which may have helped to justify to the nation the importance of fighting the war (Doyal 1994). The ideals which were personified in the promise that everyone would be guaranteed a minimum income from an effective social security system, were in essence a declaration of attack on what Beveridge described as the five giants of evil, viz, ignorance, disease, want, squalor and idleness (Blakemore, 2003). The promise was the provision of freedom from these evils, which had plagued the nation during the inter-war years. So, while revolutionary social policy changes were

being proposed and adopted, finding local workers who were willing to work long hours in difficult conditions was impossible. Britain turned to its colonies for a ready supply of cheap Labor to rebuild the transport infrastructure, and to service the NHS (Berkley, 1977, Phillips and Phillips, 1998).

International recruitment is no less important today than it was then. The current staffing situation of the NHS is moving towards critical with the report that large numbers of nurses are shunning the profession and an even larger number will reach retirement age soon (Health Service Journal, (HSJ) (2013). There have been questions raised about the ethical fairness of poaching qualified staff usually from under developed countries without ensuring that they are appropriately supported in work or able to enjoy equal rights and freedom from discrimination, which was the situation facing black African Caribbean migrants who serviced the NHS following its inception (Alexis & Vydelingum, (2004).

Servicing and Rebuilding the British economy

The contribution of black nurses to the NHS was a key factor in the support of all services during the immediate post war period, when Britain was desperate to ensure a structured rebuilding of its economy (Mama, 1992, Miles & Brown, 2003). Active recruitment from the new Commonwealth became a standard common occurrence, with regular advertisements and trips by British politicians, including Enoch Powell who was Secretary of State for health at the time to the colonies to find willing workers of which there was no shortage of supply (Phillips & Phillips, 1998). Although African Caribbean nurses became major contributors to health care delivery (Phillips, & Phillips, 1998), migrant Black ancillary workers employed as cleaners, porters, cooks, seamstresses and nursing auxiliaries have equally provided vital support to the National Health Service (Mama, 1992, Miles &

Brown, 2003). The structured economic re-building of British society was hence underpinned by the ready supply of black migrant workers who were actively recruited, and without whose support the country would have struggled to maintain vital NHS and transport services (Phillips & Phillips, 1998, Kramer, 2006).

Black African Caribbean Presence in the UK post war Caribbean people who had been recruited post war, numbered approximately 160,000 by the 1960's. They came from Guyana, Barbados, Trinidad and Tobago, with nearly half of them being recruited from Jamaica (Phillips & Phillips, 1998). The aim of these workers was not to remain in Britain, but to gain employment and skills, acquire some wealth and return to their homeland. However, most of these early migrants are now of retirement age, and still residing in this country having made it their home (Age Concern, 2007, Tetley, 2010). Their increasing need for health services as older people will require consideration by service providers in terms of culturally sensitive provision (Stephens & Gillies, 2011, Stephens et al, 2012).

Labor Market Needs: Political Implications.

When trying to understand the issues of discrimination within a political and economic context, and the changing patterns of the needs of the labor market, the experience of the Irish is essential to note. Early signs on advertised UK lodgings read 'No Irish, no blacks and no dogs', leading some writers to identify the Irish during the post war era as the 'Blacks' of Europe (Adams et al, 2007, Gardner, 2009). Of equal relevance is the recognition of the effects of building the British Empire, and the pervading perceptions within a racial context, as discussed earlier, which are legacies of the process. For example, the negative portrayal of people from African origins which was a regular feature of Victorian Britain, had many examples in literature of the impact this still has on present perceptions of

Black peoples today (Miles, 1993, Phillips and Phillips, 1998). Within colonial contexts, different racial features were used to build a hierarchy of colours used in the colonies to identify and represent the darker skinned African at the bottom of the hierarchy. In slave societies, interbreeding had begun to occur, mainly through colonialists' abuse of their power as 'masters', and the ownership of all slaves, male and female, as possessions (Miles, 1993). Building an economically successful empire obviously depended on maintaining an appropriate racial ordering that would foster political and economic power and domination by colonialists (Miles & Brown, 2003). It was therefore inevitable that black British African Caribbean migrants were immediately catapulted into this status from their recent positions of subservience in the colonies.

European Economic Migration

Rebuilding post war economies was not just a feature for the UK, but for other parts of Europe as well, and may have been heightened by the fact that large numbers of Britons and other Europeans were migrating to other parts of the world, such as The USA, South America, and Australia (Person, 1999). Reconstructing the economy is dependent on mass production, needing large numbers of Laborers to work shifts in the increasing numbers of industries, which were springing up across Europe. Long hours and the nature of the work, meant, as stated before, that it was not attractive to local people who had chosen not to migrate, but to remain at home (Solomos, 1992). Consequently, inviting Laborers in became a necessity. As in Britain, migration patterns were structured around building the capitalist states in Western Europe, and the numbers increased or decreased depending on the needs of the economy at any point in time. Economic exploitation, it can be argued has always been at the heart of the 'Empire building' process, although other benefits, in particular the status of being considered a great world leader, as was the case for Britain, was also an important factor at the time (McKeown, 2004).

Migrant Conflict and Host Communities

Early problems with relationships between migrants and their host communities were recorded as being mainly because of the visibility of skin color, which created many tensions and conflicting situations (Phillips and Phillips, 1998). Following the Brixton riots the Scarman Report (1981), raised the issues of a lack of economic stability, the failure of politics and mischief-makers as major factors fuelling poor race relations between local people and their black neighbors. A conflict theory approach has therefore characterized the development of race relations and the subsequent legislative efforts to address the issues in Britain. This is considered by some as a struggle between subordinate groups and their dominant hosts. Benyon (2011), describes the experiences of early African Caribbean migrants as cultural and social isolation, and loneliness, brought on by the feeling of disappointment and sadness that early expectations were not realized. This social exclusion, which was present in all aspects of life, including cafes, pubs, clubs, churches as well as housing and employment was a severe blow, especially given the fact that they had been directly recruited by politicians such as Enoch Powell (Berkley, 1977, Phillips & Phillips, 1998, Dabydeen et al, 2007). As previously stated, although many migrants from the Caribbean had a satisfactory level of education, they were still unable to get jobs based on their qualifications (Kramer, 2006). Being forced to live in substandard, overcrowded housing, with no social support except from each other, created many frustrations, which contributed to the unrest leading to the riots across Britain in the 50's and 60's. The political response was immigration control rather than any attempts to deal with the issues of exclusion and prejudice, which were widely practiced (Rex & Edwards, 1990, Benyon, 2011).

The arrival of HMS Empire Windrush in 1948, carrying large numbers of ex-servicemen and other migrant workers from the Caribbean, was a

welcome presence for British public services at the time, if not for its citizens. There was a desperate need for workers in order to get services effectively up and running (Phillips & Phillips, 1998). However, they were not the only groups of migrants arriving for work in Britain. Irish immigrants and other white Commonwealth citizens were also arriving, but the issue appeared to be about what was seen as large numbers of black people arriving in the country (Miles & Brown, 2003, Garner, 2009). The positive aspect regarding the assurance of an adequate supply of Labor for all aspects of public sector services, to do jobs which local people were not interested in, was not mentioned. In addition, there was no infrastructure for receiving migrants in large numbers from New Commonwealth countries. There was certainly no welcoming party to greet the newcomers. Newly arrived workers and their families, with great expectations of the 'motherland' soon found that it was almost impossible to get decent accommodation, as they were not wanted in local communities. They were consigned to overcrowded environments, long hours for low pay, and family structures deteriorated due to the very poor living conditions. The way was already paved for continuous significant impact on their health and family life (Dhaliwal & McKay, 2008, Douglas & Watson, 2013). Black workers would have to find their own support systems if they were planning on surviving and thriving (Phillips and Phillips, 1998, Dabydeen et al, 2007). This was largely achieved through determination, resilience and a commitment to building a better life for themselves despite the problems they faced daily (Kramer, 2006). However, the eventual personal costs of nursing and nursing work to their wellbeing may not have been immediately apparent at the time specifically for black women, who were the major NHS contributors as nurses (Mama, 1992, Doyal, 1994, Douglas & Watson, 2013).

Achievement: African Caribbean Children and Compulsory Schooling. Within public sector services, educational achievement of minority ethnic children and adults, and of Black British African Caribbean people in particular, is a major area of concern, which is debated in the press and the literature, raising important issues relating to continuous underachievement of Black British African Caribbean children and young people in the education system (Gilborn & Gipps, 1996, Bhattacharyya, et al, 2003). The treatment of minorities within the criminal justice system also features as another issue for discussion on a regular basis, within the context of the Macpherson report (1999), following the death of the black London teenager, Stephen Lawrence (Dabydeen, et al, 2007). Within the Social Services, issues of major concern include the unacceptably high numbers of African Caribbean and mixed race children and young people within the caring system, being looked after by local authorities across the country. Many of these young people are leaving care without any educational achievement, and with many controversial problems plaguing them (Cheung & Egerton, 2007). For those who manage to enter into higher education, their achievement is dependent on a very strong support network to reduce their levels of attrition. However, this is rarely a resource to which they have access (Demie et al, 2002).

For second and third generation Black British African Caribbean people, the experiences of their parents have become no less of an issue for them, even though from their own perceptions, they consider themselves British. While they feel able to cope with the system, their racialised experiences still inform their participation in the society, with the majority still confined to low paid employment, or clustered in the music and sport industries, and hampered by racism which is grounded in the perceptions of them as underachievers (Salah, 2010, Howson, 2007).

The NHS and Migrant Workers

The multiplicity of issues which plagued the image of the NHS in its treatment of its loyal migrant workers were manifested and reflected from their initial arrival, where many colonial women who had arrived with average or above average qualifications, comparative with local girls who were being admitted for training as registered nurses, were not actually allowed to do so, but were put on the more practical enrolled nurse course (Doyal 1994, 2006, Mirza 2006). The double negative impact included those individuals who may have wished to return to their countries of origin, eventually realizing that they would not be able to gain employment, as the Enrolled Nurse qualification was not recognised as valid in their countries of origin. Secondly, promotional prospects were severely limited, or even impossible as an enrolled nurse, even though in the majority of cases, these nurses were left in charge of wards when the Registered nurses were off duty, hence doing the same job, but not being recognised for this in their remunerations (Baxter 1987). Added to this were the issues of racial abuse and discrimination, which faced all black migrant workers (Solomos, 1992, Lemus & Crane, 2000, Anderson, 2010).

The NHS has made some attempts to recognise the positive contribution of post war African Caribbean migrant contribution to service delivery and the continued maintenance of the NHS (Kramer, 2006, Davidson, 1997, DH 2005). However, the state of its management structures, which have systematically excluded most black nurses from its most senior levels (Winckelmann-Gleeb, 2005), still serve as a timely reminder that much more work needs to be done, even in 21st century Britain. In recent years, it has made attempts to ensure its policies reflect at least a recognition of racism, discrimination and harassment which BME workers face in the system, all in response to earlier research (Baxter, 1987, DH, 2004, NHS, 2005). However, in the absence of consistent evaluation and monitoring, the effectiveness of these policies remain questionable. This is particularly

so given the continued reports of racism and discrimination faced by Black African Caribbean nurses and other BME participants both institutionally and from individuals and patients in the NHS (Allan et al, 2004, Staines, 2006, RCN 2007, Dangerfield, 2012).

Those who managed, against the odds, to qualify as Registered Nurses (RN's) faced the humiliation of the lack of promotion opportunities, and antisocial hours, which forced many of them into night duty positions, in order that they could sort out family commitments, see their children to and from school, while also earning a bit more through the night duty allowance, classed as unsocial hours (Doyal, 1994, 2006). As previously mentioned, the emotional cost in terms of disruption of their family life, and the intersectional impact of the cost to their health, have since been identified as major issues from their roles as night duty workers (RCN, 2007, Douglas & Watson, 2013).

The dealing of the NHS with its black workers was not dissimilar to the way British society treated all its women, thus ensuring double and even multiple oppressive actions for black women (Doyal, 1994, Douglas & Watson, 2013). The intersection of race, gender, class and age, for migrant women resulted in multiple discrimination. Intersectionality and its effects on the health and life experiences of black women are now clearly documented (Crenshaw, 1989, McCall, 2005), with the issue of class in British society being an added scope of oppression in their experiences. As a black migrant, class stratification placed black women as the underclass (Doyal, 1994) contributing to further marginalization of this group of women. The achievements, despite the odds, of some black women both in education and in employment, while tainted with racialised experiences, has been described by some as contributing to the development of the black middle class (Maylor and Williams, 2011). However, they also argue that black women have largely become ambivalent about the claim to being 'the

black middle class'. Reasons for this may be based within their racialised, gendered and class experiences and their personal decision of choosing to ensure a continuous connection to the black community.

Organization of Labor In the NHS

The favoring of specific social groups, creating a distinct hierarchy had specific impact on the organization of Labor in the NHS (Doyal, 1994, 2006). In short, class divisions were reflected across the services, with the medical professions occupying the top social class status, referred to as the upper middle classes, with power and prestige being based mainly on this status rather than necessarily on their medical expertise (Fraser, 1980, Allan & Jolly, 1982).

Class and sexual division within the NHS have always been quite distinct, especially in early post war years, and because the NHS employed large numbers of women, approximately 75%, this was quite clearly reflected at the time, specifically also with large numbers of black women in the workforce. Hierarchical relationship remained an enduring feature for perhaps longer than it may have lasted, if there were no black people employed by it (Mama, 1992). However the role of women in British society still carries connotations of past treatment to a greater or lesser extent, depending on the circumstances (Doyal, 2006). The emphasis of much of the work in the NHS is still identified as 'women's work, involving the tasks of caring, as nurses, domestic duties such as cleaning, cooking and laundering (Doyal, 1994, 2006). As Doyal stated, the discrimination against women in the NHS was only surpassed by that against immigrant men in low paid low status jobs. From observing the hierarchy in the NHS, women were under-represented at the top, a problem which remained for decades, and only began to be addressed following the equality legislation of the 1970's and later (NHS, 2005, Equality Act, 2010).

Within the nursing sector in the NHS the post war hierarchy was also a distinct feature of bureaucracy and power relationships. Matrons and ward sisters were chosen from middle and upper class women who were specially trained for these positions (Allan & Jolly, 1982, Doyal 1994). Black African Caribbean nurses had great difficulties achieving ward sister status. The other complicated issue involved the large numbers of African Caribbean nurses who were enrolled nurses, as previously discussed, who were just not able to progress any further in their careers, or return home. There are suggestions that the recent introduction of an all graduate profession may run the risk of developing a two tiered system in the NHS, not unlike the old hierarchical relationships, with Black participants who manage to qualify again struggling at the bottom of the pile, much like their earlier enrolled nursing colleagues (Johnson, 2012).

British Society in the 21st Century

British society continues to consist of different groups of individuals, and comprises a variety of cultural perspectives. In addition, what is still considered the majority white population, also includes a wide range of cultural variations. Cultural variety within an indigenous population still enables people to identify together by virtue of the 'visible' factor, in this instance, being white (Dyer, 1997). The use of the term 'multicultural' to denote British Society, can, however be misleading (Parekh, 2006). It is argued that its use to describe the society because of its varied groups is meant to highlight the presence of the 'visible minority', people of color who have settled here. The recent arrival of large numbers of Eastern Europeans, many of whom have distinct cultural and religious differences, but could be considered white, have reignited some hostilities, but again it could be argued that once they are integrated into the society, second generation young people should have little if any problems, by virtue of the possibility of moving away from being a 'visible' minority if they so wish (Fenton, 2003).

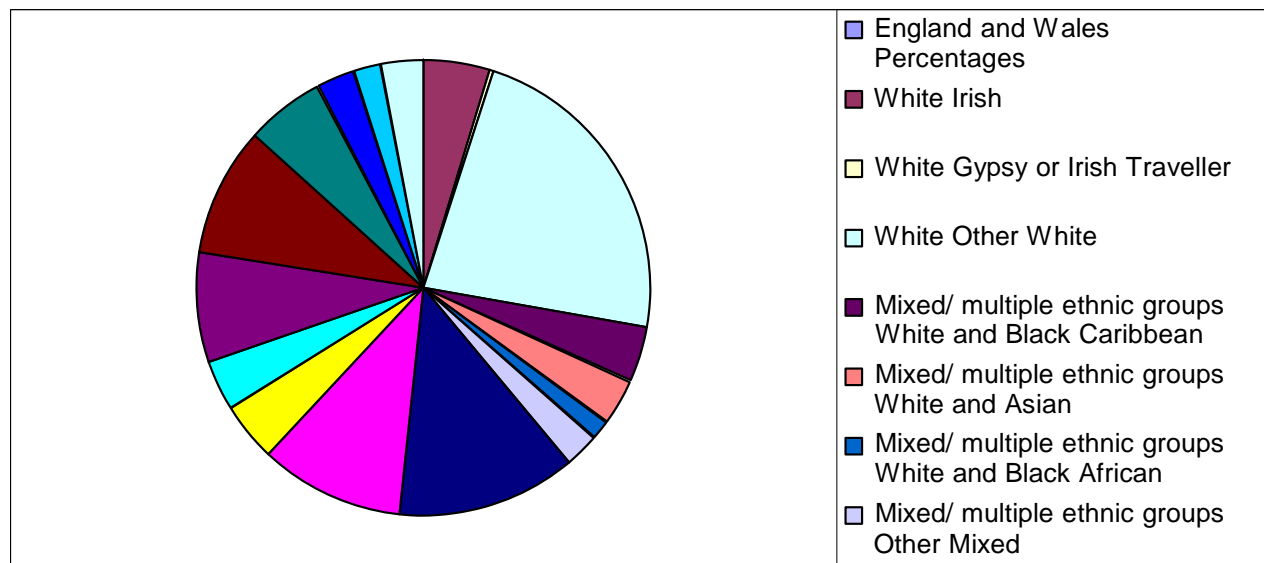
Ethnic Composition- British society.

The minority Ethnic population in Britain has continued to steadily rise since the 1981 census estimates, and through to 2011. From the 1991 census, the composition of the population included black Caribbean people, black African people, Indian, Pakistani, Bangladeshi Chinese, and others. This data is exclusive of groups such as Irish, Turkish and Greeks, who are considered and listed as white within the census, an example of a group of migrant workers who have been able to move away from becoming visible minorities (ONS 2000-2012). The total population was estimated at 54.86 million, with the minority ethnic population estimated at approximately 5.5 percent, about 3 million. About 1.6 percent of this group described themselves as black, with 498,000 stating black Caribbean, 221,000 classifying themselves as black African, and 166,000 stating they were black other'. It is worthwhile to note here that new calculations of the 1991 census which were released in 1995 acknowledged that around 1.24 million people were missing from the census returns. In some inner city wards up to 30% of young men and a significant number of children and older people had not registered hence with implications for interpreting and using the data.

From the 2001 census, it was generally acknowledged that the total black population largely resided in Greater London, with 11.3% living in the West Midlands and 4.3% in the East Midlands. Smaller groups were concentrated in particular pockets across the country, inclusive of Wales and Scotland. Within these pockets, they were over-represented in urban inner cities. Comparative data from the Census (2011) with the 2001 census, indicate that this population has grown again (ONS. 2011 fig. 1.). There are implications for individual and collective health, both in terms of clinical care, participation in the decision making processes for care, and access, which have been discussed later in this research.

Fig. 1.

Population estimates England, census 2011. Source, ONS. 2012.



Source: Population Estimates by Ethnic Group England and Wales for 2011 (Office for National Statistics).

Health Care Challenges for the NHS.

The diversity of the British population as identified above, continues to present an important health challenge in terms of NHS priorities (DH 2012, 2013). There is now a greater emphasis and requirement for involvement of users of the service in planning their own care and developing the NHS as an employer with best practice, especially relating to education and training, among other things (DH, 2012, NHS, 2012).

Policies also emphasize that those delivering services should reflect, and be drawn from the communities which they serve (DH, 2010). The issues relating to diversity in the workforce, however is arguably not just a problem in relation to nursing, but crosses all sectors, and presents particular challenges for workforce planners in all job sectors (Clark and Drinkwater, 2007).

Britain as a Multi-Ethnic Society.

The Parekh Report (2000) commissioned by the Runnymede Trust, undertook an extensive nationwide analysis of the state of Britain as a multi-ethnic country. The findings covered a number of main themes, including national identity, transitional processes as a part of identity, equality, difference, and the development of cohesion between the two, the elimination of racism in all its forms, reducing material inequalities and building a pluralistic human culture. In essence, the report identifies the complex state of affairs facing Britain, outlining the many differences among individuals who happen to share the same space, all having to grapple with what the report describes as ‘a Southern England centred’ approach (p.xiv) which leaves many millions of individuals out in the cold. Yet the need for everyone to participate in shaping the Britain of the future has again been reiterated. This process, according to the report, should involve looking again at the national history, and including the changes brought about by post war migration, devolution, globalization and the decline of Britain as a world empire rather than the continued focus on Britain as the former Empire. There is recognition in the report that hostilities towards individuals, is not just marked by skin color and physical differences, but also by culture, language and religion, with ‘racisms’ being a word which appear to appropriately sum up the situation. A clear distinction between overt racism and institutional racism was also identified.

The Parekh report highlighted some important issues, which confirmed the state of affairs across all sectors of British society, and acknowledged the dissension caused by a lack of participation into, and an understanding of the real truths about Britain as a nation, from it’s past, present and future perspectives. The recommendations of the report are not just aimed at Government policy makers, but at all organizations, private or public. It recommended that the initiative to contribute to ensuring that

demonstrable change can become a feature of the society, is a requirement of everyone, including policy makers. This, it suggested, should include addressing racisms, dealing with disadvantage, discarding the color blind approach and recognizing and valuing cultural diversity. It suggested that these should be reflected through effective representation, thereby building a pluralistic culture of human rights as an ethical and legal requirement.

Effective representation as identified by the Parekh Report remains an important aspect of the agenda, especially for growing numbers of individuals who may feel disenfranchised and excluded. Black British African Caribbean people in British society are positioned as distinct other (Gilborn, 2008, Reay, 2004, Redmond, 2004). An understanding of this positioning is important within the context of this racialised categorization, as it enables a theoretical understanding of the underpinning issues, which inform their daily experiences within the social construct.

Some argue that there are some controversial issues, which are still remaining and largely unresolved, not only for British society, which is the concern of this study, but also for many societies across Europe, and previous colonial societies across the world, whether in South Africa, Zimbabwe, Africa, Asia, or the Caribbean (Seddon, 2000).

This research argues that there is a distinct relationship between the perceptions and experiences of Black British African Caribbean children, young people and adults and early concepts of racial identity and racialisation which have shaped and continue to inform the social construct of British society. Despite being British, many continue to have negative experiences in education and in their working lives. They appear to be stereotyped in to underachievement, even though some are able to gain very good grades prior to entering HE (Archer, 2010) . This context is crucial

when trying to understand and explore their educational and work life experiences generally, and in nursing specifically.

Summary

This chapter has explored in detail the contextual aspects of this research. The impact of colonization, post colonialism, migration and racial and ethnic stereotyping which were common features of colonial empire building became routine features of the experience of Black migrants from new commonwealth countries. These perceptions continued to underpin the way they and their children were perceived in British society and had a major impact on all aspects of their lives physically, socially, emotionally and educationally. It is argued that an understanding of this important theoretical context and the resultant experiences of racism have to be first considered and acknowledged, before any clear understanding of influences on Black British African Caribbean experiences in an era of post colonialism can be appropriately understood.

CHAPTER THREE- Literature Review-

Introduction

The literature review sets out to identify work that was carried out on the participation of Black British African Caribbean people as nursing students and as qualified practitioners in the NHS. Information about careers advice and school experiences was also required to clarify the state of available evidence and identify knowledge gaps. The aim of the review in the context of this thesis is to further explore the available research evidence in order to extend the discourse and identify the state of knowledge. The decision to use this approach was made in order to specifically inform the research questions for this thesis. It is acknowledged in chapter one, that this research was influenced by an eclectic mix of theoretical concepts, which had the potential of having a direct impact on the outcomes. These include theories such as intersectionality which originated from the feminist perspective, critical race theories which inform educational achievement, race, ethnicity and ethnic representation, theories of migration, and theories relating to health inequalities, and institutional racialisation. Some of these theories have been referred to as part of the context for this research, (Chapter two) and in the findings (chapter 5, part 2) rather than in this chapter, in order to maintain the focus on the research questions.

Search Strategy

In order to undertake this review, a number of electronic search engines were interrogated, including Medline, Cinahl, Sociofile, The Kings Fund Library database, ASSIA (Applied Social Sciences and Abstracts, PubMed BNI (British Nursing Index and PsychInfo (London) and the Google search engine 'Google Scholar'. In addition, other sources of information from relevant journals such as Journal of Advanced Nursing, Journal of Nursing Management, Journal of Diversity in Health and Social Care, Nursing

Times, Nursing Standard and Health Services Journal were all searched for relevant articles relating to the subject.

Bibliographies for identifying further articles of relevance were scanned, and daily local and national newspapers and other media were also regularly checked for information. Government policies such as those published by the Department of Health (DH) Department for Education (DFE), the Race Equality Foundation were reviewed. In addition, publications by the Runnymede Trust, an educational charity which promotes education in race and immigration, were also scrutinized. Further sources of information and literature were identified by contacts with other researchers, my supervisors and fellow students. A combination of search terms were used in an effort to enable the search to be eventually narrowed down. They were combined interchangeably with 'and' 'or'. These included 'Black British', 'African Caribbean', 'Minority Ethnic', 'Nursing Education', Nursing careers, careers advice, underachievement, school experiences, 'NHS and Windrush workers', 'careers advice', 'Black British nurses', nurse recruitment, 'attrition', 'Racism', 'Ethnicity and health', 'inequality and health', Diversity and health, the National Health Service (NHS), BME students and nursing. One example of the strategy for search using the ASSIA database is as follows:

Minority+ ethnic + Nursing = 238 results.

Results narrowed by peer reviewed articles only = 166 results.

Further narrowed by UK articles only = 50 results. However the search terms for BME + Nursing yielded no results from ASSIA.

The search term African Caribbean + educational achievement yielded no results, however African Caribbean + Schools + achievement yielded 15 results in the education Database (ERIC).

From the initial search, it was noted that there is some recent literature specifically about African Caribbean children and young people in the

British School system, especially relating to the underachievement debate. This was identified under the search terms African+ Caribbean + Achievement. In literature relating to nursing education, participation and experiences, British born African Caribbean people are represented and grouped as part of the wider BME cohort, which includes migrant BME nurses in the NHS, hence the most successful search terms were represented in minority + ethnic+ nursing. Assumptions made about BBAC people in the nursing literature on participation are based on the voices of their parents, grandparents and on the experiences of other mixed groups of BME's and migrant nurses in the NHS. With no specific empirical nursing work relating to them as second and third generation descendants. This literature review had to focus on what was available about BME and the NHS and education generally and specifically. The review focused primarily on the UK literature, however, during the process of the search, studies from Europe and the USA were identified. Some were reviewed and used outside of this account for comparative purposes in terms of the general BME and nursing recruitment profiles, however the papers reviewed here are based on the UK perspective. All papers also focused specifically on the English language only.

The decision was made to consider literature dating back to post war years for the background and context, of this study, however, for the purpose of the review, this was searched from 1987, based on the nature of the subject and its relationship with the overall macro contextual aspects of migration, race, ethnicity and the NHS. While this could include some literature that may not be empirical, the specialist nature of the subject and the importance of the above named contextual aspects, discussed earlier outside of this review justifies the decision. The search for the review was eventually narrowed to include the following areas:

- The NHS, Racism, and the experiences of BME staff.

- Recruitment, access issues, nursing education and BME presence in clinical practice as qualified practitioners.
- The nursing curriculum, history and cultural sensitivity.
- The underachievement debate and the African Caribbean experience in the British education system.
- BME participation in UK careers from a comparative perspective. The

aim is to contextualize and situate the discourse within the framework of the wider macro influences which have impacted on BME experiences, and were discussed outside of this review in chapter two.

BME Staff Experiences and the NHS

The work of Baxter (1987) formed a part of the initial basis on which this research was conceived. It was an early important introduction to the subject of BME recruitment, retention, attrition and subsequent participation in working in the NHS as qualified practitioners. Although Baxter's study was not specific just to Black British African Caribbean participants, it was a significantly important knowledge base that provided a clear steer in terms of comparing and evaluating experiences, perceptions and how these may influence future participation in nursing careers by descendants of post Windrush participants.

Finding out what, if anything had changed over two decades on, became a crucial aspect of this research, in an attempt to explore whether Black British African Caribbean adults had begun to make sustained access into nursing since that study was done. This included whether their experiences may have differed from the sample cohort in Baxter's study, most of whom could have been their migrant parents and grandparents. Some, however, would be third generation, so it was additionally, important to identify what BBAC children and young people think about nursing careers and whether they were willing to continue trying to join the

profession of nursing by choosing it as a career and recommending it to their own children.

‘After my experience, I don’t know if I would ever encourage my two girls to do Nursing’.(Baxter, 1987, p. 1.)

These were the words of a participant who was interviewed as part of Baxter’s research. Was it still possible that the parents of black British African Caribbean young people are still refusing to allow and or encourage their children to enter the Nursing profession because of their negative experiences? This was an important finding from Baxter’s work which could have implications for future nursing participation by these young people, hence the need to further find out if this is still applicable.

Black British African Caribbean experiences and perceptions need to be added to the literature in order to extend the debate into the 21st century. This is essential to an understanding of any continued absence or low participation of this cohort in the NHS as nurses and on nursing programmes in HE. To do this it is necessary to identify what, if anything is now different. It is crucial to maintain the momentum and examine the implications for the future British Nursing workforce, including the care of black senior citizens from the Windrush era, as they increasingly become more dependent on care services as older people (Age Concern, 2007, Tetley, 2011, ONS, 2012).

Baxter’s research explored the diminishing presence of Black and Minority Ethnic participation in nursing education and in the NHS. The sample included 33 nurses and comprised a mixture of Black African Caribbean, Asian and one white participant, a minority of whom were British born (five). The work was mainly set within the qualitative framework, and used unstructured, informal interviews to explore issues relating to nurse recruitment and entry to nursing, problems which they faced as students and as practitioners, and how these were resolved, their views about their

experiences and their employment circumstances. Baxter's title was clear and unambiguous and was an accurate reflection of the intentions of the research.

The population sample for the research was clearly identified and consisted of participants mainly from one region in the North of England. It was not clear if any of Baxter's participants were actually students at the time of their interview, although some respondents gave accounts of their experiences as students. Baxter's sample consisted of a mixed group of respondents, the majority of whom were migrant nurses, while one was a white British nurse and four were Black British. Although it was identified that some respondents were from other parts of the country, it was not clear where they were from. Informal interviews explored the experiences of the participants and a number of case studies emerged, which provided in-depth details into individual experiences.

Baxter's work was concentrated mainly in one northern region of the country, and its main strength was that it provided a rich and distinct discourse from the case studies which resulted. Findings which emerged from the research identified a number of aspects which included:

- Low recruitment levels for BME nurses in the NHS, referring to student numbers and to qualified staff.
- Personal and institutional racism in the NHS, overt and covert.
- Lack of support for BME staff as learners and employees, both from unions, tutors and NHS managers and colleagues.
- Lack of promotion for BME nurses in the NHS, however where a nurse makes it into management, they are subjected to further discrimination, as their role is regularly undermined because of those who refuse to acknowledge it, which makes their jobs very difficult.
- A concentration of BME staff as Enrolled Nurses, facing an uncertain future with the then introduction of the Project 2000 Nursing

program, which, although arrangements had been made for re-training or 'conversion' somehow BME nurses ended up struggling to get on those courses.

- Black British school leavers, according to their parents, were not willing to be humiliated and degraded and to suffer the level of discrimination with which their parents and relatives had to cope in the NHS.

Baxter refers to an 'onslaught of discrimination' (p.8), citing the NHS as having no plans to include BME workers at higher levels in the organisation. The impact of this on the working life of BME NHS workers generally meant a lack of their presence in management and executive positions in the NHS, with most of them situated at the bottom of the hierarchy. The general conclusion, according to Baxter, was that BME nurses had been failed by policy makers, trade unions, nurse managers and nurse tutors. A number of proposals were made by Baxter as urgent actions which needed to be addressed by policymakers and the NHS. In the interests of good race relations and best practice for a British workforce, action was necessary to make it more responsive to serving a diverse multi-racial society. The suggested comprehensive strategy included the need for clear commitment from nursing education providers, THE NHS and the Department of Health (DH) to ensure that tackling racism and its legacy are integrated into their agenda. A strategy for action in terms of clear policy commitment, which should use the Race Relations Act (1976) was recommended to review their practice. The aim was to ensure that change is implemented, putting in place essential training for all staff and ensuring that all actions taken and policy changes are appropriately monitored.

The study's conclusion that the Black nurse is indeed an endangered species began a discourse which led to significant changes in policy and practice (DH, 2004, 2006, 2012). The extent to which they have been

successful in improving the lived experiences of black nurses as students and eventual practitioners is the subject of continuing research (RCN, 2007) However, since Baxter's study, the NHS has embedded race equality and diversity at the heart of its systems and processes, with individual providers expected to promote equality as good practice (DH, 2004).

There is some evidence relating to the experiences and continued international recruiting of overseas nurses (Alexis & Vydelingum 2004, Allan et al, 2009). Studies focus on migrant nurses from Africa, the Phillipines and parts of Europe (Henry, 2007, Allan et al, 2009), since migrant recruitment from the Caribbean is now almost non-existent. In terms of nursing, Black African student participants have a larger acceptance rate on nursing programmes (UCAS, 2012), and with regard to achievement in education generally, Indian, Asian and Chinese participants remain at the top of the achievement scales in primary education, and are high achievers in HE (Rhamie & Hallam, 2002, Gilborn, 2008). The continued debate about BBAC achievement status in primary education and in HE (Modood, 2004, Rhamie, 2012), requires specific nursing literature base which examines their experiences from their own perspectives, relating to nursing careers, and how their decision to participate is determined and experienced, which this research is exploring.

A further study was carried out by Lee-Cunin in 1989, funded by the West Yorkshire low pay unit in response to local employment issues. It used a mixed quantitative and qualitative approach. The study explored the experiences of BME nurses in the West Yorkshire region, including the perceptions of Asian sixth formers from one school about nursing as a career. The aim was to alert policymakers to the problems of low pay in nursing and its impact in the lives of BME nurses. Lee-Cunin also surveyed some health authorities and a union to get their views. Sample cohorts in this study were mixed, and while the research focused on black nurses'

experiences, it did not specifically identify Black British African Caribbean people as a cohort, which may indicate that the nurses in question were settled migrants from the Caribbean. This is not clear in the study. The school sample was a group of Asian girls who it could be assumed were British Asian young people, but again this was not clear. Although limited to the West Yorkshire region, the study's strength however, was similar in some ways to the Baxter study, providing rich insights given by the nurses about their experiences and its impact on their lives.

Lee-Cunin noted that the majority of the nurses interviewed covered night duty shifts, because of the opportunity to get some time with their families, to earn a little more from the extra allowance for unsocial hours, and as the only way to achieve promotion in many cases. The study's findings also highlighted issues relating to recruitment, qualifications, cultural issues and image of nursing as areas of specific focus and concern, with nurse participants highlighting that black nurses were no longer being recruited for training and education. In this respect, there were similarities in terms of themes from Baxter's work two years before. The underachievement issue of Black African Caribbean young people who are perhaps rejected because of not meeting entry levels for a nursing course, also identified from the Baxter research, was another relational factor noted in the study. In terms of young people's perceptions of nursing, Asian girls identified looking after the sick and caring for others as positive aspects of nursing, and low pay long hours and hard work as negative factors.

Only a minority of student participants mentioned racial discrimination and prejudice as negative aspects of nursing. It was not clear if there had been media stories which some participants may have chosen to ignore or whether some were aware and decided not to identify these when being interviewed. This finding may have benefited from further exploration to try and ascertain how the young Asian student participants became aware of

racial discrimination and prejudice in nursing. Nurse participants, however, reported on racism in the workplace, in spite of local workplace policies which are supposed to minimise these effects.

The report made recommendations to local policymakers, which were aimed at addressing the issues raised. This may have had some outcomes although the effectiveness is also in question. Consequently, outcomes for Black British African Caribbean participation in nursing careers remained on the policy agenda.

Recruitment and selection – Nursing Schools and BME applicants.

The work of Iganski et al, (1998) which was over a decade after the Baxter and Lee-Cunin studies, explored recruitment experiences of BME, in work that was commissioned by the then English National Board for Nursing (ENB). Iganski's work did not specifically identify the numbers of participants who were Black British African Caribbean people, however, it noted that some were recent migrant respondents and that their removal from the sample did not create any significant change in the outcomes of the enquiry. In this respect it was not clear whether the other students were settled migrants or Black British born. Additionally, the research was specifically about students of nursing and not about Black staff in the NHS. However the study focused on schools of nursing rather than on hearing directly from the students. Iganski examined the admissions systems of eight nursing schools across the UK, using purposive sampling. The study found that of the eight nursing schools surveyed and examined, only one of them had made any direct efforts at trying to reduce the biases in the selection process.

The sample of eight nursing schools would have provided a robust overview, although the numbers of nursing institutions across the UK at that time would have been many more. However, it provided useful information from which inferences could be drawn. The conclusion that there could be factors

at work in the selection process of nursing schools, which discriminate against some applicants because of their ethnic group was not one that could be ignored. It contributed to ongoing concerns about recruitment and selection processes and their impact on BME student applicants to nursing.

The ENB, followed up the Iganski report by undertaking a postal survey of all nursing schools in order to find out more details about their equality monitoring systems. Of the 561 nursing schools surveyed, only 34 were able to report back with ethnicity statistics, and of those 34, over 50% did not have any data about applications according to ethnicity. These institutions were eventually audited against the Gillies et al (2000) Equal Opportunity Model and of the 34 nursing schools, nine were assessed at level four. Level four of the model states that 'the organisation takes corrective actions when issues are highlighted by its equality monitoring systems'. Twenty nine of those schools ranked at level 0, or 1, meaning that they had not made any significant progress beyond a declaration of intent. This raises an important issue regarding policy as a mere rhetoric without any commitment to engage with any meaningful change in practice. This could help to put into perspective Baxter's conclusion that the Race Relations Act (1976) should be used to ensure that individuals and organisations recognise their responsibility to take appropriate action to effect positive change. (Baxter, 1987). How and if this would be measured and monitored remained the crucial question.

Rafferty and Solano, (1999), reported on the commissioned NHS Executive and Committee of Vice Chancellors and Principals survey which was done in order to identify and promote examples of good practice in the recruitment and retention of nurses in HE. The report did not consider the important issue of unequal access, nor provided any guidance to the nursing schools surveyed about how they might improve or establish a fairer

admissions system. As a consequence tackling possible discrimination in nursing education was not a part of that agenda at the time.

By contrast, the large scale study by Beishon et al, (1995) was undertaken by the Policy Studies Institute (PSI) on behalf of the Department of Health (DH). It was the first of its kind to be done nationally in the NHS and it used both a quantitative and a qualitative approach. The quantitative part of the study was a postal survey which was undertaken by 14330 members of NHS staff, and was followed up qualitatively by 150 interviews and a detailed study of six employers.

Beishon et al found that BME staff in the NHS lagged behind their white colleagues when it came to senior positions in nursing. This was more marked when qualifications and length of employment, among other factors, were taken into consideration. Getting access to senior grades was slower for Asian people, and all BME staff tended to be over-represented in 'unpopular' specialities such as learning disabilities and mental health. The findings also identified BME staff as reporting high levels of racial harassment by both their white nursing colleagues and by patients. As with other studies (Baxter, 1987, Lee-Cunin, 1989) the PSI study also identified that there was a significant gap between policies and their actual application in practice. In these respects, findings were similar to earlier studies. There was a lack of commitment to move beyond the written formal policies to their actual implementation in the workplace. It was also noted that first and middle line managers lacked any awareness of what their responsibilities were supposed to be in the implementation of equal opportunities policies.

A major strength of this study was its national approach to the enquiry, and while six employers gave a sound representation, given the numbers of NHS trusts nationwide and the size of the NHS as the largest employer in

Europe, the possibilities for an even more robust account may have been increased if there were more employer participants. The Beishon et al study did not include the views of students, who were no longer employees. They had moved on from their former apprenticeship status, with the introduction of Project 2000, to become 'supernumerary' or no longer considered as just a pair of hands in clinical practice (UKCC, 1998).

Access and Nursing Education

In 2003, the DH launched an initiative, called 'Access to Nurse Education for Black and Minority Ethnic Communities'. It set out to deal with specific issues such as barriers which hinder access to nurse training for BME applicants. Its main aim was to ensure an increase in the numbers of BME students who were accepted onto nursing programmes, compared to the numbers who applied. It identified that although the numbers of BME applicants were very slowly increasing from the 1990's, inequality in terms of race was still persistent. It was also noted that BME applicants were still very much in a minority when it came to being awarded places on a nursing program as evidenced by the figures from the Nursing and Midwifery Admissions Service (NMAS) which was responsible for recruitment onto programmes of nursing education at the time.

The initiative further explored factors which may have been contributing to making nursing schools unattractive to BME applicants. The conclusion was that in terms of the interview, language and cultural barriers, relating to preparation for interview, basic literacy and numeracy skills and the quality of work experience, were mitigating factors. For BME applicants, work experience is usually from care home environments, where it was suggested that the experience may not be of such good standards in terms of practice. The implication of this lies in the risk of BME applicants ending up on sub-degree courses, and so encourage a return to a two tier system in

nursing education, almost similar to the enrolled nurse experiences from early UK nursing education (Allan & Jolly, 1982).

The statistical data and its analysis from the report were shared with statutory and voluntary organizations outside of the NHS and the Department of Health (DH). They were invited to participate in setting up an action plan to deal with the identified problems. The initiative which was taken over by NHS employers is still in the process of working through the issues. Grainger (2006) argues that the refusal of nursing schools to cooperate with the handing over of data related to applications to each school is still a major drawback, with schools citing that the data is confidential. Data from individual institutions has been available since 2011 as part of the service provided by the University and Colleges Applications Services (UCAS), who now handle recruitment, selection and acceptance data for all nursing courses. However access to the data is still challenging and not readily available (Johnson, 2012).

The work of Grainger, (2006) continued to enquire into the state of recruitment and access into programmes of nursing. Grainger's work focused on a detailed examination of admissions and acceptance data according to ethnicity from the Nursing and Midwifery Admissions Service (NMAS) over the period 2001-2004. This study specifically examined data and did not include any human subjects in the enquiry. The justification for the study was based on NMAS' statistics of 2005 which clearly identified that BME applicants were less than 50% likely to be accepted on a nursing program than their white counterparts. Grainger acknowledged that this dilemma spanned a period of over twenty years and questioned why this should be the case. After careful scrutiny of the NMAS data, Grainger concluded from the application figures, that BME's are actually attracted to Nursing. For example, in one year, the total number of black applicants to NMAS was 40,515, (22%) (excluding Asian people) compared to the 122,361

(70%) white applicants. Total acceptance for black students was 4049 (9.3%) compared to 36,735 white students (84.4%) (NMAS 2001/2). Grainger's view is in direct contrast to earlier research that reduced numbers could be due to Black young people's reluctance to join a profession which had treated their parents and relatives very badly in the past. (Baxter, 1987, Lee-Cunin, 1989). It is possible that small improvements in the number of accepted BME students may have been due to responses following the earlier research in the area. However there was still a very big gap in comparison to white accepted students, indicating a continued dilemma in terms of recruitment practices of schools of nursing.

Ethnic Monitoring and the NHS.

Collecting data about ethnicity is considered by some to carry with it methodological and political connotations which have to be taken into consideration (Gerrish & Lacey, 2006). Ethnic monitoring however has the potential of providing an accurate reflection of the numbers of minority ethnic staff in the NHS.

The NHS workforce still has the largest numbers of BME workers, numbering over eight percent but with less than one percent of BME executive directors. The workforce in professional groups such as nurses and doctors averages around 30%, however management positions are minimal (Carvel and Shifrin, 2004). Culley, (2001) argues that as the largest employer in Europe and the biggest employer of BME staff, the failure of the NHS to address even the most basic issues of policy, for example, such as ethnic monitoring has specific implications for minority ethnic service users. Because this was not done by everyone at the time, the figures were always unclear although there were some indications based on the few who responded to monitoring (Johnson, 2008). The issue of the evaluation of the policies in order to identify if and how well they had performed in terms of meeting stated outcomes was also an on-going concern. Leadership opportunities and interventions were considered

following the PSI studies, and subsequently Esmail et al (2005) carried out an evaluation to assess strategic interventions in improving the numbers of BME's in leadership positions in the NHS. Their study identified a number of barriers and made recommendations about strategies that could help to overcome continuing problems of representation in terms of leadership positions. Although there were some improvements following the setting up of a number of initiatives, which included some training and leadership programmes, the problem is still ongoing, and is particularly obvious during the economic crisis when NHS services are being scaled back and staff numbers are reducing (Dangerfield, 2012).

The NHS as an employer - Black employees.

As the largest employer of BME nurses in the UK, which has already been recognised, the NHS acknowledges that it has responsibilities in terms of ensuring that it is meeting the needs of all employees regardless of race and/or ethnicity (DH, 2012). Although the education of nurses was moved to the Higher Education (HE) sector following the introduction of Project 2000, all nursing and health care students access their clinical practice mainly through NHS Trusts whose employees act as clinical mentors to students in training. Baxter's (1987) study highlighted the experiences of NHS employees as students before they became qualified practitioners, and found that their experiences of racism and unfairness in the classroom as learners were similar to their experiences once qualified. The only thing different as an employee is qualified status, however this very rarely, if ever, brings more positive outcomes in the workplace.

Workplace challenges: Resilience and Motivation.

The Royal College of Nursing (RCN) study (Dhaliwal & McKay, 2007) concluded that black nurses in the NHS continue to be positioned at the bottom of the scale in terms of working hours, promotion, pay grades, career and professional development and research participation. Working hours

have the added impact of negative outcomes for their health and family life, which affect not just them but their offspring. The RCN study was based on focus group interviews of experiences of BME nurses in London, and the sample was a mixed group of African, Caribbean, Asian, Chinese, South east Asian and South American nurses, with no details given about the status of those who were identified as Caribbean, hence it is not clear if there were any Black British participants. The study does, however identify that the term 'black' has been used to recognise shared experiences of migration, colonialism and racism. With the voices of Black British African Caribbean participants being included with other groups, it is not clear how many participated. In spite of the challenges, BME nurses continue to give the best to their jobs and a minority get recognised for their achievements in practice, highlighting their commitment to remain resilient and motivated in their jobs (Chevannes, 2001, Cork et al, 2010, Clarke & Rogers, 2012).

This is reflected in their ability to stay focused and continue to perform effectively in an environment which may not always be conducive to their best interests in terms of health, job advancement and promotion (Kramer, 2006). The lack of commitment by senior management to actively take steps that will show their accountability to equality issues in a diverse workforce remains an enduring feature of the NHS workplace. As a consequence, there is a perception among BME staff which is deep rooted, that their contribution is still not valued by their employer, the NHS, despite its commitment to embedding diversity in its systems (Lemos and Crane, 2000, Dangerfield, 2012).

Management Development and Representation in the NHS: Ambition

Despite some efforts at leadership development programmes and management training and development, there continues to be a severe under-representation of managers from Black and Minority Ethnic backgrounds in the NHS, Driven by lack of promotional opportunities, and

racial harassment by both colleague workers and patients (Baxter, 1998, Kings Fund, 2001, Blackman, 2011). Developing BME workers may not have been a part of the initial plans of the NHS as Baxter (1987) and Anionwu (2005) argues. However, as mentioned previously, since Baxter's study, various initiatives have been supported by policymakers over the years, with some having a measure of success, but with still negligible numbers of senior managers in the NHS (Esmail et al, 2005).

Management development of black and minority ethnic nurses continues to be a challenge for the NHS, in spite of some efforts to address the problem. In attempting to overcome the challenges to career development and progression for BME staff, a variety of leadership programmes were launched. Esmail et al (2005) made recommendations that would include a clear commitment by institutions to address issues of mentoring, networking, leadership development and initiatives which promote work/life balance.

Ethnicity and the Nursing Curriculum: Implications for Education and Practice.

This section provides an overview of issues relating to the development of the nursing curriculum in the United Kingdom (UK). It specifically explores the way that ethnicity and cultural competence in terms of education and health care practice are handled within the curriculum. It aims to ensure a clearer understanding of the role of the curriculum in promoting culturally sensitive and antiracist care for BME communities. To do this effectively, it will consider from a historical perspective the role of gender, patriarchy and power relationships in nursing development and their impact on the shaping of the nursing curriculum. As the section develops, it aims to show the nursing curriculum as an important contributor which shapes the way future nurses are prepared. Its approach to ethnicity and curriculum development needs to be firmly placed within an evidence base, which values diversity and shows a commitment to recognising how minority

ethnic nurses have contributed to nursing development and practice (Berry, 2011). Without this focus, representation of ethnicity in the curriculum may not be reflective of the issues which concern BME participants of nursing as students, practitioners or as members of a diverse society.

From its early development set within patriarchal ideals, genderised constructs and power relationships, nursing initially struggled to emerge as a credible profession worthy of appropriate social recognition (Doyal, 1994). Some of the difficulties include having to constantly work towards distancing itself from perceptions of female nurses as 'angels', strongly linked to the role of women as 'carers'. Within this context it is considered inappropriate to strike for extra pay or to be too demanding when requesting increasing pay and conditions of service, despite the fact that male employees in the NHS tended to be mostly represented at senior levels (Doyal 1994, 2006).

The risk of losing public support if service users end up suffering because of any dispute they may be involved in is a major concern that nurses face. The issue has tended to have a very important impact on nurses pay and remunerations, and some argue that the reluctance to strike, especially by nursing's largest professional organisation is a factor which has influenced lower levels of pay, while others believe that striking would have a negative effect on the efforts and attempts to gain recognition as a profession (Doyal, 2006).

Comparisons with policing and police education.

Nursing shares many common features with similar occupations such as social work and policing in terms of development and moving towards becoming recognised as a profession (Stanislas, 2013). This is because of their origins as apprenticeship type vocations, where learning on the job is an important requirement. Stanislas noted Stone's (2009:10) comment that

nursing and policing were the two last apprenticeship occupations, with similar concerns and ideas relating to professionalization. In this regard, it was felt that lessons could be learned from nursing by the police, whose education has recently been transferred to the HE environment (Stanislas, 2013). For all three vocations, it is still necessary to gain experience by being in actual practice environments. As such, social work and nursing education, are both regulated and carry compulsory practice requirements during training and education. For nursing the percentage is 50% theory and 50% clinical practice (NMC 2010).

There have been recent discussions about the erosion of the clinical skills of Registered Nurses (RN's) as a possible result of moving nursing education into HE. The debate was reignited following the Francis Report (DH, 2013), which investigated care standards at The Staffordshire Hospital. However, the evidence identifies the benefits of a graduate nursing profession and its potential to improve care by ensuring that RN's are able to manage and deliver care from a critical evidence base, rather than as simply 'doers'. All graduate nursing education was introduced in the profession in September 2012. (DH, 2010-12). The Francis Report recommended that all students wishing to join the nursing profession should spend their first year in clinical practice learning basic skills of nursing and caring. It also recommended regulating of the health care assistant (HCA), whose role complements that of the RN. However, these two recommendations were not among the list of those which were accepted by the Government (DH, 2013).

Despite these continued challenges, the development of nursing has come a very long way towards establishing itself as professionally sound and with some recognition in terms of improved pay and remuneration. There has been a demonstration by policy makers of a clear commitment to ensure that nurses become serious empowered professionals, ready to be involved

in any planned reforms of the health service (Middleton, 2011). With measures such as the introduction of 'Agenda for Change' (DH 2009b), which introduced improved pay grades for nurses; 'Essence for Care', (DH 2010c), which considered and recommended specific benchmarks for clinical practice and 'Frontline Care' (DH, 2010b), aimed at ensuring that those nurses who had direct contact with patients understood the importance of dignity and compassion in caregiving. Consequently a number of new roles have emerged, including clinical researcher, specialist and advanced practitioner status in clinical practice, and, in education, postgraduate status and professorship, both clinical and academic. In these respects, many would agree that nursing is now a profession in its own right. This raises issues relating to the persistent low image of the profession generally and why it tends to struggle in terms of recruitment and retention of staff from local communities (HSJ, 2013). There is a possibility that absence of structured careers advice, leading to a lack of knowledge about career pathways that are possible in nursing may be a contributory issue. Lewis (2010), however, argues that in an era of post-2008, recession and struggling economy such as it is at present, there are always larger groups of student applicants for nursing courses. This is because despite its image issues, it is still generally seen as a profession with good opportunities for employment. Lewis cites some London universities who reported seeing an increased number of applicants with high A level grades and triple Btec distinctions, citing these as good indicators for nursing as it became a graduate profession from 2012. The implications of this for students with lower level and access qualifications in an era of all graduate nursing education is yet to be understood, especially so for BME participants. In Baxter's view, Baxter (1987), the early shaping of nursing as a profession and the way it has dealt with BME students and practitioners of nursing within it is an important factor affecting participation. Whether in relationship to gender or ethnicity, NHS attitudes and treatment of its nurses and other workers is

a significant contributor, which influences decisions to join or remain in the profession.

A study by Grainger, (2006), found that numbers of BME applicants to nursing were actually quite substantial. However their acceptance levels on programmes of nursing were problematically low when compared to their white counterparts. Genderised and patriarchal stereotypes of 'caring' and nursing have not prevented a mainly female white participation in the profession. Feminist theorists such as Doyal, (2006) argue, however that this gendered approach was engineered to fit in with social and economic expectations.

It is possible that acceptance rates could be linked to qualifications, though this is not clearly identified in the data or the discussions. It can be assumed that potential applicants would only apply if they have met the required educational standards for the program. Students from widening participation sources may find themselves competing against traditional students with good A levels, and may lose out in the competition for places. This could be implied, though not explicit, from comments from some universities about the increase in educational standards of applicants (Lewis 2010).

Although pay and remunerations have almost caught up with similar professions such as teachers and the police, other issues relating to care delivery practices still haunt the profession (Francis Report (2013, Willis Report, 2013). The NHS still continues to struggle to attract and retain high numbers of nurses needed from local British communities. In terms of Black British African Caribbean people, there are issues relating to the treatment of ethnicity in the nursing curriculum, the failure of equal opportunities policies in dealing with the dilemmas of BME employees in the NHS, and the lack of cultural competence in the curriculum (Gerrish & Papadopoulos, 1999, Papadopoulos et al, 2004). While these issues are

continued challenges, however, the evidence is not conclusive that these are preventing local communities from entering the profession.

BME's generally and Black British African Caribbean people specifically appear to have low acceptance levels on programmes of nursing in terms of being selected for a course (UCAS 2012). If they manage to get accepted, they have to learn skills to enable them to successfully navigate the system and remain on the program to completion. Once they have completed they begin a new struggle as they try to practice without fear of bias, discrimination and racism as a qualified professional. Despite the many efforts of policy (Baxter, 1998, Culley, 2001, Dangerfield, 2012), these issues still plague the experiences of BME's. This is in addition to the evidence that health inequalities continue to be reflected as problematic in health care practice (DH, 2012). The next section provides an overview of the historical development of the nursing curriculum from its gendered and hierarchical model. There were clear indicators of pervasive inequality, embedded in its gendered development and not surprising that this continued to be reflected in the experiences of BME's as black and female.

Nursing Curriculum development- a historical overview.

Nursing curriculum development in the United Kingdom (UK) spans a wide historical base, and is constantly involved in a process of evolution. An understanding of its early development is necessary for contextual background in terms of this study. As far back as 1902, when regulations were applied to nursing, the curriculum began to be influenced by societal perceptions about the role of women (Fraser, 1980, Allan & Jolly, 1982, Doyal 1994) The introduction of the general Nursing Council brought with it compulsory registration for those wishing to practice as State Registered Nurses (SRN) which could not happen until the appropriate period of training had been undertaken. The vocational aspect of the role of the nurse became its major focus, because of the medical profession's dominant

position which was carved out very early in order to preserve its power (Doyal 1994, 2006). Its early development was also influenced by the requirement to provide suitable occupations for Britain's female gentry (Doyal 1994). Within the social patriarchal framework the role of women as carers came to be seen as the most natural one for nursing, and, as this was subservient to the doctors, a strong medical model of curriculum development inevitably developed and remained the norm for many years (Thompson 2006).

Doyal commented that the upsurge of women in the workforce did not in any way shift the balance of power, but instead made way for a more oppressive form of ideology, with the patriarchal relationship being redefined, with social flexibility favoring men (Doyal, 1994). This flexibility ensured that women became defined as workers and housewives/mothers, hence with a dual role for which they were responsible. This made room for the possibilities that a woman could probably not be good at both, but that one aspect of the roles would possibly constantly be less effective. The result was a clear political advantage, effectively ensuring that women could be expected to join or leave the workforce depending on the state of employment in the country (Doyal, 2006).

Men who entered the nursing profession not only got better pay by virtue of being male, but were also able to progress to top leadership positions in nursing very quickly. Credit has been given to the small influx of men in the profession as being responsible for improvements in pay structures. Within this structure of what Doyal refers to as the 'medicalisation of life' (1994, p.218) and the medical view of women as 'reproducing inferiority' (p.219), male doctors, in the main, directed and controlled the education of nurses, and this influence remained an enduring feature of curriculum development for many decades. For example, early textbooks required for nursing courses were written solely by the medical profession, including revision questions and answer sources for state final nursing examinations,

an example of which is the Toohey's medicine for nurses, which is still a nursing educational text currently (Bloom, (1994). A combination of this and other factors ensured that nurses remained, for a long time a 'doing' rather than a 'thinking' occupation, and without an early knowledge base which could be called its own, it was placed outside the realms of those careers considered to be a 'profession'. For most of its early formative years, task oriented care, based on medical assessments and outcomes were cemented in the curriculum, and produced a vicious cycle of negative effects that were very slow to diminish (Baily 1984).

Nurses carried out the doctors orders, aided and abetted by a strictly hierarchical army like regimental structure, which was the feature of the early hospital system. It was not considered necessary for nurses to think, and as a consequence, this made the move towards a more 'nursing' oriented model of curriculum development much longer and more difficult (Baily 1984, Alan & Jolley, 1982).

The apprenticeship method of training, emphasising practical clinical skills, and bypassing the academic aspect, therefore became an embedded feature of the early years of curriculum development, feeding into the patriarchal, hierarchical and stereotypical role and perceptions of nurses as 'angels' who would always remain content with low pay and poor conditions in order to keep public approval. This did not escape the insight of politicians, who made sure they used this fact to effectively silence those who dared to threaten strike action because of low pay and poor conditions. A significant feature of this era was the fact that apprenticeship training generally, had been shaped by educational developments of that time (National Commission on Education, 1993). Setting the training of nurses in this arena quickly sealed its fate to an unending perception as being 'of a lesser order to medicine, law and other professions. With the majority of the work being seen as female caring work, this was an almost natural process which

continued to shape nursing development for a considerable time (Doyal, 2006). It is to be noted that the development of a higher Apprenticeship in Nursing is currently being discussed. The implications of this recent new development by the policy makers is not yet clear, especially in relation to the introduction to all graduate nursing education in 2012 (Council of Deans, 2014).

It was argued, however that the setting up of the General Nursing Council (GNC) in 1912 signalled the beginning of the recognition of nursing as a 'profession' even though it remained as an apprenticeship structure for many years (Baily,1984). The establishment of a disciplinary committee was the first hallmark of this professional status, and usually included the control of its own standard of entry and training, enjoyed by the medical profession at the time, but was not been given to the GNC initially. Was this a tactic devised to make the changes as slow as possible? This is not a question which nurses then would be allowed to ask, since there was still an expectation of acceptance without questioning by a largely female body of workers.

The NHS and the nursing curriculum

New demands were being placed on nurses because of a variety of factors. The rapid developments in medical advances, coupled with the revelation of a much bigger problem in terms of the nation's ill health, than originally thought, began to place more demands on nursing, nurses and resourcing of the NHS. Coupled with a lack of enough actual nurses to deliver care, this signalled the beginning of the recruitment problem, and nursing had to look internally at processes and outcomes in an attempt to cope with the extra demands being placed upon it.

Inadequate preparation and planning has always been a major feature of many aspects of nursing workforce development. For example, as

previously discussed, large numbers of Black Caribbean migrants were channelled into becoming enrolled nurses, with resulting consequences if they hoped to return to the Caribbean following their qualification, or even if they chose to stay. (Baxter, 1987). While they practiced like RN's, doing similar roles including being left in charge when the RN was absent, there was no career pathway for them in the NHS, a problem which still persists, because of the difficulties of this cohort of nurses to get on to conversion programmes (Dhaliwall & McKay, 2008).

The NHS eventually recognised the need to explore curriculum developments which reflected the changing environment as a major necessity in terms of attempting to cater effectively for the health care needs of the British population (Aspinall & Anionwu, 2002).

Reforming the nursing curriculum began to be highlighted following growing problems with low educational standards, the problematic recruitment and retention of students and NHS Staff, and the many changes taking place in the NHS including the health needs of the nation (Jowett et al 1994). Criticism of the curriculum content and the use of unqualified students were key features of problems with training from the 1970's. The recognition that the status quo would have to change if the NHS hoped to continue providing not only adequate services to the public, but also a curriculum which recognises and embeds issues relating to race (Allan & Jolly, 1982, Baxter, 1998). These observations reinforced the requirement to keep an awareness of issues which relate to a hidden curriculum of socialisation.

The climate for change became inevitable due to the pressing problems presenting themselves in clinical practice and the educational arena. The student's journey away from the apprenticeship method of training to becoming a full student, became a reality with the introduction of project 2000 nursing education (PJ2000), (UKCC 1994). It was designed to provide students of nursing with the scope to become more critical and autonomous,

introducing a more academic approach to the curriculum (Jowett et al 1994). The Nursing Diploma replaced the Nursing certificate, and schools of nursing had to align themselves with higher educational institutions, to provide credibility to the new status. Students began to enjoy a new 'student status' and were only rostered onto the ward off duties in their third year. Until then, they remained superfluous to numbers on their ward of placement (Peach, 1996).

It is easy to surmise the physical effect of this move from the long traditional route. The negative impact on staffing levels, the greater demands of student supervision, the challenges of a new type of student, encouraged to question practice rather than 'just do' as told, all added extra strain to an already overstretched service. Some began to wonder whether the expectations were excessive while others argued about the folly of introducing academia to a group of people who should just be able to 'care' (Owen, 1988). PJ2000 served to highlight the changes taking place not just in the NHS but in society as a whole, in the creation and development of a range of other sources of employment, and the opening up of traditional routes that had been mainly male dominated (Doyal, 2006).

Competition for the traditional female nursing student/qualified nurse, took on a new dimension with the admission of more women to medicine, law, engineering and architecture. In addition, the arrival of the information superhighway, with its resultant creation of new and exciting jobs in information technology (IT), also presented new challenges. Problematic recruitment to nursing had begun to reach new heights in terms of a lack of qualified staff, a problem which is still plaguing nursing as 180,000 qualified nurses move towards retirement in the next ten years, and will leave a massive gap in the NHS. (Lewis, 2010, HSJ, 2013).

The extent to which these issues are also reflected in the choices made by minority ethnic groups, especially those who are British born, still forms part of the continuing discussion, however one need only look at the participating numbers to see that the issue is not only with recruitment and training but also with retention of staff in the NHS. There may be no denying that numbers are low, however for some groups, especially British born African Caribbean people, this should provide some reasons to ask why they are so invisible in a profession where their parents and grandparents have been such major contributors. Baxter's view is that this is a major problem for the maintenance of good race relations in the society and in the NHS. Lee-Cunin (1989), Iganski, (1998), and Grainger, (2006,) agree arguing for policy recognition and action. There is evidence of action at the macro level, however, its impact in terms of the individual (micro level) is still in question given the consistent reports of discrimination and unfair treatment for BME participants (RCN 2007, Dangerfield. 2012).

Project 2000 .

PJ2000 introduced students to the world of individual problem solving and critical thinking, and also had to herald similar changes for those teachers who had been used to delivering an old didactic curriculum. The requirement that nurse teachers achieve graduate status for this purpose meant that development of new courses had to take place alongside the development of staff that had to deliver the new agenda (Peach, 1996). The rapidity of the developments, including nursing degrees in many academic institutions, with few nursing academics to deliver programmes, and the natural resistance to change experienced in some areas, did not, however significantly impede the introduction of this new program (UKCC 1994). The speed of introduction may have contributed to the misunderstanding of the focus of the curriculum for PJ2000, which essentially, was not meant to undermine clinical practice, but to enhance it by helping students understand, generate and apply the evidence to make their practice more

effective (Jowett et al 1994). That the subsequent evaluation of the program should highlight that the new students were not actually being prepared appropriately for practice, due to an overemphasis on the academic aspect of the program and a lack of enough focus on clinical practice, must have come as a blow for the developers.

The Peach report (1996) identified a number of flaws with PJ2000, which necessitated further radical changes, a move back to the more traditional approach, of more emphasis on clinical skills. Why this was lost in the first place may have been due to an over-enthusiastic profession, with a very weak literature base, attempting to raise the profile, and hence resulting in the development of this problem. It is true that the literature base within nursing took a massive leap forward during the time of the introduction of PJ2000, and this could be argued, cannot be such a bad thing, even though the focus of clinical practice appeared to have been lost. One could also argue that problems with the program were inevitable. Given not only the speed with which it had to be rushed, but the massive numbers of other changes taking place at the time (in technology and medical advances), and the ripple effect of reduction in staffing due to pulling out students from the staffing roster.

The development of the support worker role was meant to compensate for these changes, and may have done so at a fairly minimal level, however this initiative paved the way for a new breed of nursing helpers, the qualified support worker (Health Care Assistant) and the new emphasis in skill mixing in the clinical environment, with the qualified Registered Nurse being seen in a different light in terms of function, role and responsibilities. For the enrolled nurse, many of whom were BME participants, however, the only way forwards in terms of career development was through the conversion course route. However there were new problems in getting time out from busy clinical environments to pursue and upgrade their status to

RN. They were also competing with HCA's, a problematic issue affecting decisions to release them from the workplace. The changes in the NHS, which were identified in earlier government agenda (DH 1990), combined with the Peach report (1996) both contributed to a further revision of the PJ2000 curriculum, to produce a new curriculum for the millennium, designed to ensure practitioners who are not just fit for practice but for purpose. This 'new' curriculum was meant to contribute to a shift in focus from an academic perspective to a more clearly defined clinical practice based one. A shortened foundation period from 18 months to 12 months, was expected to provide a major aspect of satisfaction for students, in their evaluation of PJ 2000, had identified that they had to wait too long to be introduced to their chosen branch (Peach 1996). The ability to also exit the program with a type of basic qualification, and re-enter later if needed, referred to as stepping on and off, was also seen as a benefit for those who may need to take a break, still be able to work, and carry on from where they left off on return. This move helped to bring nursing in line with the Credit Accumulation Transfer scheme (CATS) which had been introduced in the British education system, and provided the opportunity for students to have all their learning credited at different levels as appropriate. This is important and relevant because of its potential to be of benefit to all students, but in particular BME participants who, as mature students with other commitments, could take their credits with them if they had to step off because of family and work commitments. However, this was never a part of its initial agenda and has not been evaluated in terms of whether it provided the opportunity from BME perspectives.

In general, the steps taken were seen as positive ways of improving outcomes for all those wishing to enter the profession, but for BME participants, the evidence that they remained under-represented would indicate that this was not necessarily a positive outcome for their participation.

The recent move to an all graduate profession signals the Government's commitment to move the nursing profession into the 21st century alongside similar professions, however it is still not clear how this will affect Black British communities, most of whom, as a result of their experiences in schools, have to rely on alternative rather than traditional qualifications to be get on to a course, and may not succeed if they have to compete with higher educational levels of students with traditional A Levels. Moreover, those who work hard and manage to gain acceptance through the traditional A level route, appear to also have to struggle with enduring perceptions about them as 'underachievers' a fact which is not just the experience of participants in nursing, but of other black British African Caribbean students in other sectors (Reay, 2004, Gilborn, 2008). Although they participate in HE proportionally more than white working class students (Modood, 1993), they still somehow end up having less favourable outcomes in terms of achievement and less chances of acceptance at prestigious 'red brick' institutional settings (Torgeson et al, 2008).

Curriculum philosophy and ideology

Most schools of nursing and midwifery function within the mission statement of the HE organization which, within the strategic plan, is usually described as student oriented. As a consequence, and in line with educational changes nationally, the move from a linear provision to modularity, took place at the same time as the merger of nursing colleges to UK universities. Modularity was also new to most universities, so there was a large amount of developmental work which had to happen at the same time as the merger of schools of nursing and midwifery to HE institutions across the country. The implications for change and the impact on the staff were substantial. There were expectations to undertake a substantial amount of extra work at a time of adjustment to a new environment with a new focus, while delivering a curriculum of education to prospective nurses.

This was seen as a big challenge for everyone in the HE sector and in particular, for nurse lecturers who were also mainly new to HE systems.

The other important aspect of development which brought significant changes to the way nursing educators worked was the increasing research focus and evidence base in nursing. Lecturers were expected to participate in a range of research activities, in an already overworked climate, with little or no preparation, no previous consultation and no protected time. In other words, the expectation was that staff took this on as an added activity. Hence, while this was seen as essential in the creation of an academic environment, and was a strong feature of the strategic vision of the university for all its provision, the majority of staff were unable to participate due to the constraints mentioned. Large student numbers combined with clinical support of students, personal tutoring and mentoring of allocated students were some of the other constraints (Kinman, 2001). The extent to which this is a feature of the experiences of those who deliver the nursing curriculum in most HEI's even to the present day is still debated as being a major obstacle for the majority of academic nursing staff, who struggle constantly to effectively combine both roles because of the constraints of very large teaching workloads (Deem & Lucas, 2007). As a consequence, the creation of an 'academic elite' of those who are given the support to successfully combine both roles, leaves behind those who continue to struggle without support because of extensive workload pressures.

Curriculum developments in nursing were based on policy guidelines from the English National Board (ENB, 1994) and set within specific learning outcomes, which have to be incorporated into theoretical education and clinical practice experiences of learners. These were laid down to ensure that they met the requirements for professional practice while maintaining appropriate educational standards. This, of course, meant that modularity

for nursing courses had to be validated by the ENB before they were delivered to learners, hence a flurry of activity to ensure the work was done to facilitate this process and to be delivered to the first group of students a year after the merger. The curriculum aimed to provide a theoretical and practical mix which should be not only academically stimulating, but also firmly grounded in clinical professional practice. This discourse is still at the forefront of current debates, which argue for further changes to the mix of academic and clinical practice. At present 50% of the nursing student's time is spent in clinical practice and 50% undertaking the theory component in a university setting, and standards are set by the Nursing and Midwifery Council (NMC 2010). The Francis report (2013) recommended that student nurses should spend the first year of their training working as health care assistants prior to their training. The issues that this raises include not only resource implications but also a lack of understanding in terms of the amount of time currently spent by students on the theoretical aspect (NMC, 2010).

It is an expected requirement that for the curriculum to fulfil its purpose appropriately, forging strong clinical links is an important issue which must be reflected within the educational philosophy (NMC 2010) However challenges are inevitable, given the resource implications in an NHS where students have to gain their clinical practice experiences under supervision. As it struggles to meet financial obligations, staffing shortages and workplace issues, these problems compromise the mentoring support of students (Huybrecht (2011). At the same time, there is an imperative to help learners grasp the new concepts and philosophy in nursing education, which include preparing 'thinkers' as well as 'knowledgeable doers' (Schon, 1983, Benner 1985).

Curriculum requirements also include delivering a program which has a world view, embedding the belief that everyone has the right to recognition

within the law, and is entitled to consideration as human beings with rights as citizens (Equality Act 2010). Implicit within this is the requirement that everyone is treated with dignity, respect, privacy and the promotion of personal freedom, regardless of origin, sex, race, social class, color, gender, and sexual orientation, religious or political persuasion. These factors apply to teachers, students clients/patients and clinical practitioners alike, but what is unclear is how the achievement of these outcomes would be monitored and evaluated, especially in the curriculum. How the concept of the student as an adult learner would fit with the old didactic, pedagogical approach was meant to be identified as part of the developmental processes taking place around modularity (Knowles, 1986).

The right to be treated with respect and consideration, and shared responsibility for learning were key issues identified. The aim of the curriculum was hence to foster an environment where students could become lifelong learners, where participation and greater openness would encourage them to become more independent as learners. The present NHS emphasis on dignity and respect, especially regarding the care of older people (DH 2006, 2007, DH,2010, Francis Report, 2013) would imply that while these concepts were clear in terms of recognition for the curriculum to provide this focus from the earliest guidelines, it is not clear that these were achieved given the findings of the Francis Report (2013). This raised questions about actual development, interpretation and delivery. It is argued that dominant ideologies have always played an important part in nursing education, and have contributed to unclear outcomes, which perhaps need to be further clarified and be modified (Caldwell, 1997). Responsiveness to socio-political influences cannot be ignored in any climate of development, and are integral to the way the curriculum should be developed and delivered (Lang, 2007). However, in a climate of dwindling resources this poses major challenges for curriculum development which

should include embedding equality in any system where inequality is endemic (Kumashiro, 2004).

Cultural sensitivity and the curriculum

The delivery of racial, ethnic and cultural awareness as part of the curriculum has a history of fragmentation with little clear evidence to explain practice. An understanding of race, culture and ethnicity by health care workers, could possibly be limited due to unease with the subject, a lack of focus in the literature, or even indifference and a lack of commitment (Papadopoulos, 2003).

The sensitivity of the nursing curriculum to issues of race could be considered to be almost similar to processes in general education (Sewell, 1997, Gilborn, 2008), with its assimilation, multicultural and antiracist theories, which underpinned the way the processes evolved from a policy perspective. Within nursing education, strong multi-culturalist views argued for ensuring that all nurses are prepared so that their knowledge and practice can reflect an understanding of the beliefs, values and customs of minority ethnic individuals (Holland et al 2010). This model emphasises what different groups of people eat, or do not eat, how they behave in different settings, and what their religion dictates. There are many advantages of using this approach, which include greater awareness where none may already exist, and improvements in the quality of care being provided to diverse patients. The problem with this model though, lies in the ease with which an individual approach is lost and everyone is assumed to be the same, if they are perceived to be from a particular group. It is easy for some to miss the fact that not all Asian people are Muslims, and not all Caribbean people are of African origins, or share the same beliefs and religion. In fact the plethora of difference and diversity is easily lost if the approach is not used with care (Johnson et al, 2008, Papadopoulos, 2003).

Although groups are not homogenous, the tendency to stereotype is still a marked feature of our society. Subsequently this has led the way for an introduction of an anti-racist approach to understanding the problem (Ahmad 1993, Stubbs, 1993). The anti-racist framework challenges everyone to become proactive rather than passive in dealing with issues of race, culture and ethnicity in the field of nursing care (Johnson, 2006). Remaining passive identifies an individual as being a part of the problem, while the anti-racist approach places everyone as part of the solution. In practice this would involve actively ensuring absolute individuality when dealing with diverse groups of clients and challenging the racist practices of colleagues and other health care workers (Watson, 2001, Ahmad, 1993, Stubbs, 1993). Although there is evidence to support the need for the anti-racist model in the nursing curriculum (Ahmad, 1993), it is still unclear whether students undertaking a nursing program curriculum across the UK are able to access this evidence through a structured approach to dealing with the subject. The move towards 'trans-cultural nursing' has been a further development in the search for more effective care delivery practices (Holland & Hogg, 2010). This is understood to be a knowledge of lifestyles, values and beliefs of patients and can be combined with the anti-racist approach. It is aimed at giving a much more rounded insight into the needs of diverse groups (Papadopoulos et al, 2004). However the level of critical evaluation which is applied to their use is contested (Orem 2001, McCrae, 2011). Non the less, application of the trans-cultural approach emphasises the need for all health care workers, black and white alike, to share in a better understanding of the need for relevant care in diversity, hence making it an appropriate model of application.

To assume that all white individuals share the same cultural beliefs and practices would not be appropriate and in Britain, pockets of white ethnic groups have been common place for a long time. Irish, Polish communities, and other European groups now settled here can be found in small pockets

across the country. It may be easy to assume that their invisibility has rendered them assimilated, those nurses working for example, in rural community settings and also in the acute setting will inevitably meet patients/clients from these communities with specific health needs from those around them (Papadopoulos, 2003).

Recent arrival of migrants from Eastern European countries now form a very visible part of many communities nationally. This brings many new challenges in terms of meeting health care needs and providing appropriate services. Refugees arriving from troubled parts of the world are usually also highly visible physically, culturally and because of their religious affiliations (Anthias, 2011).

Within African Caribbean communities, any assumption of a homogenous group could be problematic in care delivery. Some of these communities are now approaching their senior years having spent a lifetime providing services to British communities whether in health, social care, transport or other areas (Age Concern, 2007, Shah & McKenzie, 2007). Differing religious and island affiliations render this group highly diverse and places high emphasis on the need to apply individuality when caring for and assessing their health needs (Watson, 2001). While it is possible that some needs may be similar caution needs to be observed at all times.

Refugee communities whether they have arrived from the Caribbean, Africa or Europe could, however have similar short term and possibly some long term needs. Black and white health Care workers need very similar preparation to be able to work effectively with these groups. To assume that someone black is able to work more effectively by virtue of sharing the same skin color, without adequate preparation, could hence, also be problematic (Papadopoulos et al, 2004). The same is true for white ethnic groups. Appropriate preparation is necessary for everyone in order to foster effective working. However, groups of nurses with similar ethnicity and background to patients, may be better able to understand the needs of those patients

and hence be able to assess needs and deliver care which is sensitive to those needs even though this may not always be the case (Stephens et al, 2012).

Educational institutions are able to decide, from a broad base, the curriculum content, with guidelines from the Nursing and Midwifery Council (NMC, 2010). However, it is not clear how these guidelines are actually interpreted by individual institutions. The transfer of nursing education into the higher education sector has led to a more increased focus on research into minority ethnic issues (RCN, 2007). Consequently, a number of educational institutions offering programmes of nursing have since established centres for research based on ethnicity and health, with a growing knowledge base in this area (Chevannes, 2001) There is no evidence to ascertain whether this is filtering through with any real impact on actual delivery of the curriculum by nursing lecturers and students on nursing programmes.

The concept of widening participation in higher education, which was discussed earlier has been embraced by all HEI's as an important aspect of the Government's policy focus to increase the numbers of students entering universities (DH, 2008). There is very little evaluation of uptake based on WP by BME students (Aspinall & Anionwu, 2001, Thomas & Berry, 2010). It is also not very clear how or if WP concepts apply to the admissions requirements for the new graduate nurse training which was introduced in 2012. This is significant because some HEI's now include a pre-registration Masters program of nursing with qualified nurse status on completion.

The focus on ethnicity was enhanced by the Royal College Of Nursing's fifteen year pledge to contribute to redressing the dearth of British nursing research and focus on minority ethnic health. It provided an annual sum of £25000, for the purpose of undertaking research into an identified area of

concern to the health of minority ethnic communities (RCN 1996, 2012). The creation of the Seacole Scholarship, is aimed at recognizing not only the contribution of Minority ethnic nurses, midwives and Health Visitors to the British Nursing system, but to also honor Mary Seacole (Anionwu, 2005). The then ENB and the Department of Health (DH) have also contributed to increasing the focus on the need for more research into minority ethnic health issues, by funding a number of projects over the years (Iganski, 1998, (DH 2000). The momentum, however needs to be sustained if health care delivery needs to BME communities are to be appropriately met (Royal College of Psychiatrists, 2009).

What is clear is that there is a visible element of greater emphasis, but whether this is filtering through to the actual curriculum in a standardized manner, or at all, is a further area for debate and enquiry. For example, the nursing contribution of Florence Nightingale is embedded and in most cases an unwritten aspect of all nursing curriculum. This cannot be said about the contribution of Mary Seacole. There is no standardized process of monitoring or ensuring that this aspect of nursing history is presented in any nursing curricula. Anionwu (2005) prepared what was considered to be a curriculum friendly guide to encourage nursing lecturers to introduce this to students. This, however, has not yet been evaluated, so there is no evidence that it is used in curriculum development. Papadopulos et al. (2004) agree that the evidence of appropriate emphasis on ethnicity is still scanty in the curriculum. Until this improves, clinical practice will continue to struggle to appropriately reflect the emphasis needed to meet the care needs of clients and patients from diverse backgrounds (Bhopal, 2007).

Ethnicity and health – The Debate

The debate about the effects of ethnic status on health care access and delivery is a long one, going as far back as the Black report, which set the

pace for this discourse (Townsend,1980). The identification in the report, that access to health care favoured certain groups in society, was the beginning of an increasing focus over the years. It highlighted, albeit in a marginalised way, the existence of a problem. Although this was not initially explored in detail and was only identified, this served to highlight the problem.

With regard to nursing, this debate began even earlier than the Black report. The Stockwell study (1972) identified that nurses do treat patients differentially, again, in this report, while race was not identified, the collection of factors which made a patient unpopular could easily be related to the patient's ethnic background. This is because Stockwell discussed the impact of class as a major factor so that those patients who were able to better articulate their needs and assert themselves, with the ability to identify with the culture of the clinical setting without 'rocking the boat', were considered to be popular, and hence would have preferential access to care services. The Black report also identified class as a key factor, with the problem of language barrier being a major denominator in reducing access to health care. While issues relating to race were touched on in these major reports, they were not covered in enough detail, hence the resultant lack of commitment to deal with the extensive problems which existed (Ahmad 1993).

Over the thirty years since the Black report, a number of initiatives have been considered to deal with some of the issues raised by the debate. However, some argue that despite overall improvements, many of the problems highlighted by the Black report are still with us today (Acheson 1999). Age, race and poverty, were referred to as a 'triple jeopardy' by Norman (1985) and used to identify the combined effects of these three factors on health outcomes for minority ethnic communities. Intersectionality theorists such as Crenshaw (1987) identify that multiple oppressions by

virtue of being black, female and positioned at the bottom of the socio-economic trajectory are indeed likely to have negative impact on health outcomes. In health care practice, the emphasis is usually on cultural language and beliefs rather than on dealing with the real issue of racism, and challenging individual and organizational attitudes (Torkington, 1983, Stubbs, 1993).

The justification for this lies in the evidence that, generally speaking, some minority ethnic groups tend to be in the lower economic sector of the Labor market, and with lower incomes, and housing problems health status was inevitably compromised (Papadopolus 2004) . The Acheson report (1999) further explored the issue of poverty and access to health nearly a decade and a half after the Black report, and the overwhelming evidence, was that many of the old problems are still a feature of the lives of individuals and groups. Some of the assumptions, for example, made by health care workers and nurses which also limit access lay in the false notion that minority ethnic families, as extended families, tend to look after each other, therefore do not need the same level of services as white communities (Nazroo, 1997, Shah, 2008). Stereotyping of black African Caribbean patients in the psychiatric services, and the resultant impact in terms of the numbers of individuals wrongly diagnosed continue to be addressed by policy initiatives (MIND, 2012). However, this is an ongoing process, in efforts to ensure services become much more sensitive to the needs of the community (Shah, 2008).

How nurses work with different beliefs tend to be influenced by the powerful image of western medicine and the biomedical approach as being the gold standard (Doyal, 1994, Illich 1984). The struggles with the acceptance of complementary and alternative medicines (CAMS) and the practice of holistic care, while talked about a lot in the nursing curriculum, has only recently begun to be much more acceptable in nursing and medical

practice (Ong & Bankes, 2003). For diverse communities the breakthrough has taken many years of struggles, especially because many people in those communities have used local herbal and other treatments alongside medical advice as the traditional approach to their health care for a very long time. While this was simply dismissed in the past, and frowned upon as unhelpful, there are now attempts to understand that the psychological impact of some practices within cultures could have a more healing effect, even where health workers may themselves be convinced this is all in the mind. The evidence from placebo medication could perhaps contribute to a reminder where there is a tendency to dismiss beliefs and practices unfamiliar to the establishment as being bad for patients who wish to use them. Where certain habits and practices have been definitely identified as being harmful and need intervention to stop them, collaborating with the patients and their communities could enable more effective health outcomes (Watson 2001, Holland & Hogg, 2010).

Early Government intervention has been based on the identification of issues of access to, and participation in health care as key indicators for the measurement of services, going back to the NHS and Community Care Act (1990), the Health Act (1999) the NHS Plan (2000). The aim of these policy initiatives has been to draw the attention of practitioners at the clinical level to the need for awareness of these issues during the assessment of individual patients or community groups. The policy focus highlights the possibilities of local monitoring frameworks, within which evaluation of these initiatives would occur (Johnson, 2008, Williams 2011). The recent emphasis on dignity in care practice (DH 2008) which was mentioned earlier, was as a result of identified failings in care delivery and practice relating to older people. The prevalence and effects of certain types of diseases in the minority ethnic community is now also well established. Ahmad (1993) however pointed out that research into illnesses affecting minority ethnic communities tended to have an exotic appeal, rather than

taking on board the real significance of the impact on the health of minority ethnic communities. Nazroo (1997) in an exploration of those factors influencing the health of ethnic minorities, identified a range of variations, which are now being widely cited as having major impact on individuals and groups in minority ethnic communities (Johnson, 2006, Bhopal, 2008). However, the extent to which this information is used to look at individual factors is still apparently limited especially when culture and lifestyle appear to be the leading focus with an attitude of 'blame' which then restricts the possible benefits of intervention (Nazroo, 1997, Shah, 2008).

The impact of some long terms conditions on the health of BME communities has been explored. (Cruickshank & Beavers,1990, Shah, 2008, Johnson, 2006). The attitudes of white staff to some issues such as pain management, among others, sometimes mean that some patients may not receive necessary pain medication because of the reluctance of staff to provide it even when it has been prescribed for the patient. They have tended to rely on their own perceptions of the pain and discomfort that the patient is experiencing rather than on what they are told (McCaffery, 1999).

The impact of high blood pressure in the African Caribbean community, and its effects as a silent killer , particularly among women, is now well documented (Cruickshank & Beevers, 1990). However, research into this problem is still limited, and the problem is no nearer to being solved. In the meantime the African Caribbean community continues to grapple with the impact of large numbers in the community, especially African Caribbean women suffering with this problem, which appear to be difficult to control with conventional treatment. Medication that is used to treat this illness is usually that used for the white population and like most other medicines, has not been tested for suitability on black patients (Beckles, 2013).

The evidence of the present available literature identifies ethnicity as a major factor affecting health in a variety of ways. Therefore the argument for the transcultural approach to provide students of nursing with knowledge of this evidence, and set this against a backdrop of racism and critical race theories generally, would appear to be quite strong (Bhopal, 2007, Ahmad, 1993). However lack of a systematic research focus is arguably the most important missing factor, which has a policy implication. Undertaking large scale research involves the allocation of appropriate resource in order to ensure that the focus can be as widely placed and as credible as possible. While some work has taken place (Raleigh et al, 1990, Shah & McKenzie, 2007), this is still not an area which attracts enough funding and although BME issues are raised, recommendations for action are not usually specific to their needs (McCrone, et al, 2008).

Access to health care is still a major concern of government policy (Parliament, 2007, DH, 2012). The general approaches used to deal with the health of everyone in the society are now deemed inappropriate to tackle the issues within the minority ethnic community. (Aspinall & Anionwu 2002). However, there are disagreements about an approach that does not specifically acknowledge the needs of the BME community (Richards et al 1998, Shah, 2008). Targets for health, based on the Conservative Party's health Of the Nation white paper (1992) and later modified by the Labor government's Our Healthier Nation (1998) have dealt with illnesses from a generalized perspective. Local trusts are expected to use these as guidelines for commissioning and purchasing services, and many probably do apply these targets to minority ethnic experiences, however, the evidence is still weak, and the focus cannot be identified as a national one. It is possible that a more structured use of ethnic monitoring could contribute to a focused approach (Johnson, 2008). There is enough demographic information to identify the profile of the minority ethnic community in terms of its age, sex origins, education, housing and employment status (Age

Concern, 2007, ONS, 2011). The evidence about the types of illnesses and health issues, which affect the black community is now more widely available, and could contribute to a more targeted approach to health care planning and delivery for the BME community (Cruickshank & Beavers, 1990, Serrant-Green, 2005, Anionwu, 2005, Johnson, 2006, Edge, 2013).

Present increase in the population of older African Caribbean populations, who now approach retirement years, also presents issues in terms of care with appropriate sensitivity (Age Concern 2007). Guidelines for purchasing for the health needs of minority ethnic communities have been available for some time (DH 2004), but not well evidenced in terms of usage. The evidence about health status and perceptions about health are also now in the public domain. (Acheson, 1999, DH, 2004) What appears to be missing is the appropriate use of this evidence to look in detail at finding answers, for example to the problem of hypertension, among many others, which plague minority ethnic communities (RCPsycs, 2009). It is possible that the continuing marginalization of race and ethnic factors in disease processes and the consistent lack of focus on providing services that are sensitive and responsive may be linked to issues such as the continued problems of BBAC participation at all levels of the NHS (DH, 2003,2004, 2006, 2008, 2010a).

It is argued that the right to appropriate health care should be the normal expectation of every citizen. The Equality Act (2010) highlighted this as an important factor, along with the issue of the right to live free from discrimination. Until this can be seen to reflect the needs of the whole community, the health inequalities debate will continue to be a perpetual factor in the way health care is organized and delivered in this country. However, some even challenge the concept of citizen's rights and argue about whether or not this has been extended to all in the society on an equal basis (DH, 2010a). The question, which will emerge from the community perspective is whether the recent changes in health care across England

which has devolved budgets back to GP's as fund-holders will actually facilitate the work that is needed within the area of minority ethnic health (DH, 2012).

Health beliefs, practices and perceptions – a structured curriculum approach.

The assumption that health beliefs and practices which differ from those of local indigenous people are wrong, or harmful, may not be the best way of working with diverse groups. For example, consulting with elders and traditional healers before making important decisions about health may be the norm in some communities, so could the use of alternative practices such as herbal medicines, which although now common among all communities, was at one time frowned upon by the establishment, and may still be considered as strange, if practiced by minority ethnic patients (Holland & Hogg, 2010).

Childrearing practice is an area where different beliefs may be seen as causing problems without being appropriately explored. For example, certain practices of minority ethnic mothers such as sleeping arrangements for young babies may differ from western cultural norms, where babies should be placed in their own rooms as soon as possible, and not be allowed in their parents' beds, as this is not considered appropriate. The same applies to the types of food given to sick children in minority ethnic cultures, and to many patterns of care, which vary from normal western habits, and may have a tendency to cause conflict between parents and health practitioners (Chevannes 1991, Hogg, 2010).

For health care professionals to show respect for cultural beliefs and practices, which are not normal western ideals, they have to be aware of what these are and make allowances in practice for the differences which may be encountered. This contributes to a positive perception of diverse

beliefs, rather than attaching a 'problem; label to different beliefs and practices (Watson, 2001, Thompson, 2006). This, however, may not be too easy to achieve without a structured nursing curriculum approach, which is inclusive of a wider understanding of diversity, especially racial perceptions, their origins and positive ways of working within an anti-racist framework (Thompson, 2006). What little evidence there is available has tended to imply that this has not been a strength of the nursing curriculum.

For example, the reference to signs and symptoms of diseases tend to be presented from the perspective of their impact on the white community. Going blue from a lack of oxygen is only observable on white skins, but it is unclear whether nurses know what color a black individual would reflect if there is a lack of oxygen in the body (Duffy, 2001). Asking an individual what they wish to be called, finding out what they wish to eat, simply asking if they speak English, rather than assuming, because they are a visible minority, that they do not speak or understand English, are aspects of communicating with patients directly (Watson, 2001). This is the first and important step in working effectively within a diverse community. Where this is not possible, a nurse has a responsibility to ensure that the next best effective sources are used to get information about patients. This, however, cannot be based on assumptions, but on researching the facts through the literature, talking to family members and friends where this is appropriate, and using these varied sources to construct a profile of the patient, based on the evidence, which can then be used to enable effective practice. Frameworks and models for nursing practice emphasize these requirements, but the evidence still remains that BME groups continue to be dissatisfied with the care they receive, and as a consequence, have poor health outcomes (Papadopoulos, 2003, Holland & Hogg, 2010, Phillips, 2011).

Applying the evidence for effective practice is now a standard requirement for all RN's, and was the major reason for the drive to professionalize the occupation. It is now a basic requirement, which underpins nursing care

planning , assessment and care delivery in the 21st century (NMC 2010). It is seen as the one important factor in the move to ensure that nurses become critical thinkers rather than merely ‘doers’, or ‘Doctors’ handmaids’, as discussed previously. To do this effectively, an understanding of theoretical frameworks, the research process, and the ability to not only critically evaluate the evidence, but to generate evidence from a variety of clinical sources, by applying the knowledge and skills of the research process is imperative.

Nurses have for some time now, used the nursing process, the application of a conceptual framework in the assessment of needs, and care delivery of patients (McCrae, 2011). It’s use involves a systematic approach, which sees all patients as individuals, within a holistic context, which should be their own (Chin & Jacobs (1987). When this is used appropriately, diverse patients, which include minority ethnic groups should have their needs appropriately identified. However the social construct of a society, which almost automatically stereotypes and categorises everyone, has a major influence on all, including public sector workers. If this were not the case, we would have no need for further anti-discriminatory legislation such as the recent Age discrimination legislation (2006), and more recently a full overhaul reflected in the Equality Act (2010).

A major requirement to working effectively within a diverse community is the recognition that the social structure of our society, with its patriarchal base from which most of its values have been constructed, is one which is inherently discriminatory (Thompson 2006). This therefore encourages practices which are oppressive towards diverse minority groups, and in turn, because public sector workers tend to pass on the values of the state and society, they may end up practicing in a way which marginalises these groups. The role of women in our society presents as a further indicator of the perceptions which are a reality in the day to day lives of individuals (Holland et al 2010). For example, the role of women as carers, their

subservience to males within the patriarchal system, and the role of motherhood as a natural and necessary passage, albeit low status, is widely acknowledged and known to be different from conceptions and understanding of motherhood in some cultures other than white western ideologies (Doyal, 2006, Schott & Henley, 1996).

Health beliefs and practices may differ within diverse communities, from white western habits and practices. Responses to the disease process may not always be the same in terms of observable effects, for black and white patients. It is however worthwhile to remember that even within white western cultures, there are 'old wives tales' which form unusual health beliefs and practices (Holland & Hogg, 2010). Where these have not been scientifically proven to be either harmful or useful, an appropriate approach would be for nurses and health care workers to remember the possible psychological benefits, and work positively with these as far as possible. Obviously, where there are proven problems or practices, which may cause harm or danger, working with the whole community, including the elders, becomes imperative if any measure of success or effectiveness is to be achieved (Hellman, 2007).

Equality, the NHS and the Nursing Curriculum

It is acknowledged that the problems of equality in the NHS are best tackled from a nursing curriculum perspective (Narayanasamy, et al, 2013). It is indeed possible that this is perhaps being done by individual nursing educators. However its effectiveness, has not been evaluated and if it does happen the efforts of the few are hampered by reluctance to introduce these issues in the curriculum, a lack of understanding of the issues of race and discrimination, which then has the roll on effect of a lack of confidence to tackle the issue, especially from an antiracist perspective. Those who attempt to introduce these issues to the curriculum are further restricted by poor material, and the tendency to concentrate on, and overemphasize

culture and language, which marginalises the possible positive effects (Kings Fund, 2001).

Keeping a focus on the central issue of racism has long been identified as a key factor to be aware of in all curriculum delivery (Nairn,2004). It is not possible to effectively deal with these issues, however, if educators lack the skills needed to do so. It is well known that an exploration of this should be preceded by personal exploration of prejudices, values attitudes and stereotypes, which tend to make individuals angry, frustrated and possibly resentful. Hence, there is a need for educators to have the necessary training and skills to deliver this subject (Dominelli, 1992, Hassouneh, 2006, Berry, 2011). Whether or not many, if any nurse educators have the necessary skills for this task is not available in the evidence, so one could surmise that this is not a common skill among them. It is clear that a national view, should be strongly supported by the NMC, and incorporate not just a focus on beliefs and practices (the multicultural stance), but should also consider the racial inequality issues from the perspective of racism, which is a missing factor in the nursing curriculum (the anti-racist stance (Nairn, 2004, Ahmad, 1993). The ready availability of appropriate materials, and the need to ensure appropriate preparation of those who need to deliver this across the curriculum, are issues which need to be tackled by all educational institutions as a matter of urgency if any meaningful changes are anticipated on a long term basis. However, skills needed for delivering this effectively in the nursing curriculum is an issue which cannot be ignored (Hassouneh, 2006).

As identified previously, the identification of problems of race, racism and equality in the NHS is a well-known factor (Staines,2006, DH, 2004, Dangerfield, 2012). There is no disputing the fact that inequality is a way of life for minority ethnic workers in the NHS, at all levels, according to these reports, and others (Kramer, 2006, RCN 2007). Given the fact that a major

proportion of those working in the service are at the lower levels, with very few top minority ethnic staff, and those who may be present being surprisingly invisible, this is an area of great concern. But this is also identified as a problem for consumers of NHS services, who suffer discrimination because of language and social class barriers, as stated earlier (Acheson, 1999). The tendency to apply a unified approach to the experiences of all users of health care facilities, ignoring the obvious factors of ethnicity and race is flawed, and will continue to contribute to the perpetual dissatisfaction and alienation of African Caribbean and Asian users of health services (Nzegwu 1993). A highlighted issue is the problem of communication between GPs and their black patients, and the aids available to help GPs communicate better. Nzegwu is supported by Torkington, (1984) who argues that black consumer research must be used to raise awareness of the needs of this community and the requirement that they should be empowered in terms of effective ways to challenge NHS staff in all settings, if and when they need to. They consider this as imperative to stop further abuses of human rights, as demonstrated by the American Tuskegee Syphilis study in the USA, a long running non-therapeutic experiment on black men (Thomas, 2012). For African Caribbean young men, access to health care is restricted by their lack of interest in registering with General Practitioner (GP) services, and show their reluctance to engage with a service where young black African Caribbean males are over-represented in the mental health services (Burke, 1984, Nzegwu, 1993, Serrant-Green, 2005).

The problems of lack of respect and poor communication has been cited by Nzegwu (1993) as having its base in longstanding poor or nonexistent communication between African and European peoples. This, she argues dates back to the historical context of slavery and colonization, and the inherent need of the European settler/colonizers to justify their actions as being normal. This was done by structuring perceptions of negroes as

inferior, and therefore not capable of the same consideration or articulation as Europeans. Ngwezu refers to this as the theory of 'inherent inferiority', (p201) which was enshrined very early in the national ethos of the British system. This deep-seated issue is considered as an important factor that has shaped the relationship between people of African descent and their white counterparts. The resultant problematic communication is considered to be a major factor in access problems by these groups of people, to health care and other services. That this is rooted in the culture of racism in the NHS is further supported by government admission of the problems of racial inequality in this service (DH 2006, 2007, Dangerfield, 2012).

Equal opportunities policies exist in most organizations, including the NHS. An ongoing issue is that the policy is rarely, if ever, reflected in the actual practice (Culley, 2001). Yet this is a feature of all NHS advertisements, with many now targeting the ethnic press in order to show commitment to diversifying the workforce at all levels.

The Commission for Racial Equality (CRE, 2000) examined the practice of over 128 NHS Trusts through questionnaires and interviews and identified that although all the trusts had formal policies to deal with race, sex and disability discrimination, only 5% had bothered to fully implement these policies. The report identified that where Trusts collected ethnic data, which 80% of them now do, this data was not presented in any useful form, and hence not used to effect any changes to current practices. Some Trusts even openly stated that there was no commitment from 'the top, which made any focus difficult. Some have even cited the fact that they have so few minority ethnic staff that the focus was not necessary. In those trusts where minority ethnic peoples formed a major part of the workforce, however, the survey found a more robust policy structure, with the appointment of a senior person as an equalities officer resulting in high staff morale and more patient satisfaction.

Retention of nursing staff was seen to be more problematic where there was ineffective equal opportunities policies and lack of appropriate monitoring. Although the majority of trusts agreed that the present climate is the right one to implement changes in respect of equality issues, the report nevertheless identified concerns that many were still lagging behind in action planning for a more equitable approach in the NHS, and this is in spite of the fact that race relations law has been in existence for over twenty years, with support from the CRE and the DH.

The extent of work needing to be done in the NHS apparently is not even being recognised by some of its managers, and the response to changing organizational culture and practice generally still leaves the potential for problems of race discrimination, despite diversity initiatives by the NHS and the RCN. (DH, 2004, RCN, 2002, 2007,2011).

A survey of women's views in the UK, was done by SHE Magazine in conjunction with the CRE and raised some interesting points. (CRE 2002) This was an omnibus telephone survey, which consulted 1133 British women in February 2002. The sample was taken nationally, with a boost sample of 1000 minority ethnic women included, and the report was compiled by researchers from the National Magazine Company. The findings from this survey reveal that the majority of women think that the best and the most opportunities for employment is in the Health professions, and 50% of the women questioned stated that Britain is an equal opportunity society. The survey also highlighted perceptions of the participants that the health professions offer the best occupational chances for Britain's minority ethnic community. Yet the present evidence indicates that, certainly for recruitment, training and education for nursing and health related areas, young people from minority ethnic backgrounds are

still very poorly represented (Grainger, 2006). This is therefore depicting a different image from what is actually happening.

The setting up of a National Women's Unit by the then Prime Minister Tony Blair at the beginning of his second term in office indicated a serious continuing problem with gender representation in British society, particularly highlighted by the large numbers of women Members of Parliament who were admitted during the second term, and the noticeable rigidity of the structures of the House rendering it difficult if not impossible to cope with, for most of these women. Yet it could be stated that women generally, according to this survey, may not be aware of these problems. However, 64% of the women agree that race can limit a person's career choice and 67% state that this can also limit career progression.

The results of the survey identified large numbers of women (75%, 72%, and 71% respectively) who disagreed with positive discrimination at work in terms of sex, race and age. Positive discrimination involves the practice of providing structures to support minority groups in the workplace, so that, for example, where few minority ethnic staff exists, efforts could be made to focus on increasing their numbers by applying special criteria. It is possible that women disagree with this because of a lack of understanding of the way it works, and the general poor image it has had. However, it further marginalises minority ethnic women in the workplace, by making them appear less qualified, when in fact they usually have the most qualifications, and in some instances, the most experience.

The same applies to participation in higher education, where some assume that to get more minority ethnic students into the system, the entry requirements have to be reduced, to make it easier for them to meet the requirements, when in fact the opposite is usually true, that they have to be sometimes better qualified, which does not even guarantee that they will be

supported to succeed, due to general perceptions that they really can't cope because they only entered on lower criteria (Modood, 2004, Esmail, 2001).

It is known, that even where minority ethnic job applicants are better, they end up not being appointed (Ross, 2004). There is hence a misnomer about positive discrimination, as this does not really happen. However, a clear commitment to equality of opportunity at the interview stage could be demonstrated where there is a short fall in the numbers of minority ethnic workforce in an organization. The appointment of an applicant from a minority ethnic background, where both white and BME applicant meet the criteria at the same level is not positive discrimination. It appears that it is described as such in the above example.

The survey did not ask women to identify what they understand positive discrimination to mean. This question would have helped to clarify their understanding of the term. Although this was a national survey, it is still representative of only a section of the community. The BME participation was chosen by purposive sampling, which limits the generalizability of the research when it is set against the total population of women in the UK, of over 28 and a half million white women, and over one and a half million BME women. (CRE 1997) However, it is still an interesting addition to the present evidence, which may also be a contributory factor towards the general perceptions of what BME people in this society are capable of doing, or can actually do.

Raising the profile of nursing among young second generation black British African Caribbean people in a climate where past limitations of this field are still dramatically evident, could be even more challenging if their parents do not think it is worth the effort. This would be unhealthy for their future career progression across all careers, as they are even more severely under-represented in all other professions except the music and sport

industries (Modood, 2004). The evidence also already exists which confirm their diminishing numbers in the NHS (Baxter, 1987, Lee-Cunin, 1989). There is a very slow rise in applications and even admissions, as demonstrated by NMAS and UCAS, however the numbers are still well below groups such as Africans.

Some argue that promoting nursing as a career should be left on the sidelines while we systematically set out to promote the range of other interesting careers such as politics, law and medicine as areas, which may encourage and indeed increase the possibilities of the UK seeing more BME leaders with significant national standing. However there is evidence of systematic exclusion and discrimination against black applicants in professions such as medicine (Esmail, 2001), therefore the complexity of the issue is a continuous debatable one. It is important to note that the present professional levels which are achievable by all qualified nurses (discussed earlier) still make this profession one with tremendous possibilities for participation in national life at all levels of the society. However, the absence of structured careers advice (Cross, et al, 1990), could also be responsible for a lack of knowledge about career pathways in nursing, which may have an impact on perceptions of nursing as a career.

As previously discussed, It is already known that African Caribbean people are active participants in higher education, mainly as mature students (Modood, 1994) although this is more so reflective of African Caribbean women rather than men (ECU, 2009). The interplay of factors which impact the experiences of both men and women of African Caribbean origins, and their inter-relationships, will need to be continuously explored in the search for meanings.

For example, their concentration in mainly new post 1994 universities and their lower achievement levels in terms of degree classification (Modood, 1994), remain further issues to become a part of the debate.

When set against the wider context of what needs to be uncovered, these searches for meanings can be appropriately channeled back to the African Caribbean community to help decision making processes, and out to the wider education and political community to focus minds on actions which need to be addressed to facilitate progress towards a truly inclusive society (Amin, 2009, Baah-Mensah, 2011).

The Black Supplementary School Movement

In the above context, it should be noted that the African Caribbean community has a long history in the UK, of mobilizing to resist racist practice in education, especially in relation to children and young people. In terms of supporting black children and young people towards their educational goals, this is an important aspect to consider. The Black Supplementary school movement spans a period of over forty years and was initially set up to enable an active response by BBAC parents to debates about the marginalization of their children in UK schools, which was leading to their under-achievement. Research undertaken by Andrews (2013) explored the supplementary school movement and its present perceptions in the black community.

Andrews noted that there was criticism of black parents in 21st century UK, for not showing enough commitment towards their children's education. This was largely blamed for the subsequent diminished impact of the movement. However, Andrews argues that there were a number of other factors which led to this problem, including the view from British Academia, which has largely rejected the view of blackness which is rooted in African Ancestry (a color blind approach) focussing instead on multiculturalism, a concept which is widely considered to be more

politically inclusive and with less tendency to create disunity in the society. In Andrew's view, the supplementary movement grew out of the recognition of 'blackness' which was rooted in African Ancestry, as the key problem which was driving the negative experiences of black African Caribbean children. The response therefore, needed an anti-racist perspective, to strengthen and nurture the early emotional as well as intellectual development of black children, while enabling them to be supported to achieve academic success. Therefore supplementary school curriculum focused not only on academic skills development but also on developing self-awareness by ensuring that children got to engage with early black contribution in order to foster healthy self-esteem. Anti-racist awareness approaches focus on the politics of race and ancestry, while the focus of multiculturalism is on culture and competition (Nagle, 2008). The acceptance of the multicultural approach validated the shift from what Andrews describe as 'hidden racism' to blaming black parents, families and community for their lack of commitment to the education of their children. In this sense, there are similarities to the research which identifies black parents as refusing to allow their children to participate in nursing as a career (Baxter, 1987, Lee-Cunin, 1989) which can be viewed in a variety of ways, such as blaming black parents for their children's low levels of participation in nursing careers. On the other hand, some could view this as a positive factor, arguing that BBAC children and young people should be channeled into other careers and not just nursing.

However the recent observation that BME students are being forced by their parents to opt for medicine and law at university raised a number of issues (Paton, 2013). Perhaps the most important of those issues is the idea that this is an unrealistic expectation of parents which could lead to their children dropping out of these courses once they have gained a place because of lack of commitment. Paton (2013) cites Professor les Ebdon from the Office of Fair Access as holding this view. However there does not

appear to be a debate about, or even recognition of the possible failure of the system to ensure that students from minority backgrounds are Appropriately supported to succeed. The comment by Professor Ebdon that these students need to be encouraged to opt for realistic routes into the workplace rather than succumb to the pressure of trying to gain places at elite universities, is an interesting one which certainly needs to be explored further in terms of educational aspiration and BME communities. The evidence is clear, that discrimination in careers is a factor and not just for nursing. BBAC students also struggle to gain acceptance in other careers, for example, medicine (Esmail, 2005). To suggest that parents should stop encouraging their children to aim for excellence is a debatable and questionable issue which requires further exploration.

The way that black children and young people experience racism and discrimination in schools and other educational settings varies across groups and is influenced by many intersectional factors, such as social class, gender and religion among others (Gilborn, 2008, Andrews, 2013, Burns, 2006). Their experiences are therefore reflected in their achievement, and the evidence already shows differential achievement among different groups. For example, Indians and Chinese children and young people currently outperform white children in schools, while Pakistani, Bangladeshi, black Caribbean, mixed race white and black Caribbean, some African and travelers tend to under- perform.

Supplementary schooling aimed to provide specific support to BBAC children and young people in an attempt to help them resist racism while also developing academically. Andrews (2013) argues that the preoccupation of black parents with survival rather than being able to attend to the children's educational needs may be a factor, but that the major problem occurred from the shift in emphasis in the supplementary system, which was caused by the external impact of factors such as

multiculturalism. Whether or not the movement will be able to regain its momentum remains to be seen, however, with initiatives such as Black History Month (www.blackhistorymonth.org.uk), which attempts to recognise black contribution to British life, some think that black supplementary schooling is no longer necessary or relevant for multicultural Britain. In this regard, Andrews quotes one black female participant in his research as saying that she only wants her child to be taught how to pass exams (Andrews, 2013). This may reflect the current view that the anti-racist approach is no longer being embraced by some in the black community, to the detriment of movements such as black supplementary education and the long term goals of improving the overall experiences of black British African Caribbean children and young people in the education system at all levels.

The BME Contribution and The NHS.

The tendency for some of the available literature to emphasize the negative issues relating to the participation of BME Nurses in health care practice is a factor, which has only recently been identified as possibly having contributory effects in terms of a perpetuation of stereotypical assumptions relating to the overall experiences of these nurses (Chevannes, 2001, Kramer, 2006,). The need to provide evidence of good practice as a guide for Health Trusts, and as a motivator for possible new recruits from these communities, is now seen as an equally important issue (DH, 2004, 2009). While this does not detract from the overall issues of racism which shadows the sector, it must be acknowledged that some BME nurses have managed to shatter the glass ceilings and hold down highly responsible positions from nursing perspectives, in the NHS (Davidson, 1997, Mayor, 2002). As mentioned earlier, the Royal College of Nursing's annual Seacole Scholarship provides a £25000 grant to a nurse, midwife or health visitor to support research into an area of minority ethnic health. This has produced a significant number of minority ethnic scholars who have been able to

apply for research degrees, and have a clear career progression as a result. Recent evaluation of this initiative confirms that it has had a substantial impact on health outcomes in the black community (Clarke & Rogers, 2012). In addition, individual achievement and progress in terms of NHS leadership and educational achievements for recipients of the award in and beyond the black community, merits its continuation by the RCN.

Perhaps more importantly, the everyday work of black and minority ethnic nurses, midwives and health visitors has not been seen as important enough to be recognised, and while there is a dearth of literature on the subject (Chevannes, 2001), available evidence has tended to portray a negative perspective, which focuses on blaming black and minority ethnic nurses for their lack of progression, rather than celebrating their achievements (Mayor (1995). However, this does not detract from the problems of racism and discrimination, which is recognised, has been, and still is a major problem in the NHS (Beishon et al, 1995, DH 2010, Dangerfield, 2012).

Culley et al (2001) argue that the experiences of Caribbean born nurses has been influenced by other factors such as early hierarchical power relations in health care, the dominance of male controlled medicine, to which nursing was second place, and the gendered nature of the nursing profession being mainly a female occupation. These factors have served as oppressive aspects of working within the NHS and have the added dimension of further complicating perceptions of oppression as racism or just a normal part of everyday affairs. In their small scale study of the experiences of African Caribbean nurses of racism, Culley et al reported that some nurses interviewed were reluctant to ascribe their treatment to racism, showing an awareness of other possible factors. However, where the experiences were identified as racism, these nurses concentrated on developing strategies to cope. In doing so, they demonstrated a choice, which sets this discussion within the sociological framework of professional status, and the concept of

professions and professionals as having high moral standards. However, this may be perceived as an issue which creates difficulty for some in accepting that racism is possible even as part of professional practice (Culley et al , 2001, Berry, 2011).

It is widely believed that discrimination in any one aspect, be it sex or race, usually means discrimination in all other aspects, inclusive of age, sexual orientation, religious affiliation or social class (Thompson, 2006). This reinforces the need for professionals to pay more attention to the enduring patterns of a patriarchal society in which discrimination is endemic, in order to raise their awareness of the effects of this on their own perceptions, attitudes and behaviour.

There has been a tendency to marginalise race discrimination even by some who are on the receiving end (Culley et al, 2001). Their study describes some Caribbean respondents as being reluctant to agree that black nurses suffered racism. This may be due to a lack of awareness or possible fear of speaking out in case this has further effect on their working experiences. As this was not further explored it is not possible to identify what the actual reasons were for the reluctance.

Nursing curriculum developments have continually evolved and have been influenced by early patriarchal social perceptions, and a highly medicalized approach. These provided the basis on which the early curriculum was shaped and built. Over the years, other influences, such as changing perceptions, the information superhighway and educational improvements generally have contributed to moving nursing forward, both academically and professionally. It is now considered to be a credible profession, with its own body of knowledge, and a variety of good career pathways (DH 2012). It is not always clear if this message is getting through to everyone,

including BME communities who may wish to consider a career in nursing. The approach to ethnicity in the nursing curriculum is not standardized across the education sector, and there isn't much evidence to ascertain whether the available research is appropriately filtered through in education and practice. The tendency to just focus on beliefs and practices rather than on the wider issue of the diversity which informs individualized care, even in the presence of strong nursing assessment models which emphasize this, raises questions about the effectiveness of the curriculum. That ethnic participation in health care delivery and practice, especially relating to past and present, (the case of Mary Seacole being an example, and post Windrush participation another), is not highlighted in the curriculum in any standardized way, if at all, also highlights aspects of the curriculum that need further development if it is to adequately reflect the aspects of diversity which will positively inform the student experience. It is unclear whether nursing units of study, for example looking at the history of nursing exist at undergraduate level, and if they do, how adequately they reflect the BME contribution.

While much work has been done, some of the early negative influences still haunt the profession and opportunities now exist for the curriculum to move into a more mature process to ensure that it effectively reflects BME participation, past present and future, especially as Nursing moves to an all graduate profession (DH, 2012, Johnson, 2012.).

Education as welfare provision - a historical overview.

“Compulsory schools ought not to fail their students” (School of Barbiana, 1970:1)

Rationale and post war influences

This section provides an overview of the historical development of education in the UK, and aims to highlight the eventual impact on the education of BME children. The discourse is presented here because of its relevance to

the experiences of Black British African Caribbean students as children, young people and adults in education. Its relevance is particularly important given the continuing perceptions of them as underachievers and unable to cope in higher education (Rhamie, 2012). It should be acknowledged and remembered that the key factor influencing the way the education system was organized following the Industrial Revolution, was the distribution of wealth in Britain (Fraser 1980, Toynbee, 2012). A major effect, which resulted was that the philosophies of education were structured by the paying elite who were the only ones initially able to afford education through to university level. The majority of the British population then, had little or no educational opportunity. State involvement in the education of the poor initially was only minimal, and included some training in prisons, the workhouse, or the army. Occasionally, a few others may have had some educational input from attending a charity or dame school, which Fraser (1980) commented, provided no more than a child minding service.

The relationships between education, training and employment, therefore, have been affected by the historical factors involving education for 'ordinary' people evolving eventually as part of welfare state provision. The contribution of the structure to the education of BME children was not initially a part of this agenda, or indeed of any other, although this would be the appropriate fit, given their status as children of migrants from underdeveloped countries. There had been no preparation or consideration for the arrival of migrant workers or for the education of their children (Phillips & Phillips, 1998). However, as far back as the industrial revolution, concerns were raised by industries about the structure of an education system which tended to focus on individual personal development and reaching one's full potential, (education for the ruling classes) as opposed to economic and industrial requirements, and the need to prepare a

skilled and disciplined workforce (education for the masses) (Paul Hamlyn Foundation, 1993).

It is argued that keeping people ignorant can be accomplished not just by withholding educational needs, but also by selectively ensuring that only enough is taught in order to keep them politically maneuverable. (Paul Hamlyn Foundation (1993). This is a salient point when considering events from the past and some of the present issues, including the increasing costs of education which ensures that most participants will end up having large education loans for much of their lives if they choose to attend university (Higher Education Act, 2004, Universities UK, 2009). Additionally Andrews (2013) argues that the British education system is not failing African Caribbean children but merely doing what it set out to do, which is to ensure they are kept in their place.

African Caribbean students who ended up in the vocational sector, may have been given a false sense of security, in terms of employment and promotion prospects. Black Education (April 1996) suggests that National Vocational Qualifications (NVQ's) are not appropriate for black students, who should be encouraged to stay with the mainstream traditional A levels, in order to increase their chances of getting on in the system and in well paid work. This is also reflected in the fact that the majority end up in post 1994 universities where they tend to achieve lower class degrees than their white counterparts (Modood, 1994). The implications of this for future job prospects are not positive, as it could lead to them ending up in low paid positions with poor prospects of progress, or promotion. The debate has to also be considered in the context of nursing, given the recent introduction of graduate nursing education which could carry the risk of returning to a two tier system where BME participants end up in similar positions as the enrolled nursing counterparts from pre-project 2000 experiences (Johnson, 2012).

The main aim of the above discourse was to highlight the historical fragmentation of education provision, which had a major impact on the way the sector evolved, and influenced educational outcomes for African

Caribbean children and young people. With a variety of subsystems, and many overlaps, and with the high potential for waste, the possibilities of entering the FE sector without any clear ideas of how the outcomes fit into mainstream status quo holds problematic possibilities then, as it does now.

This historical overview has shown that there has been constant change, and continuing controversy in the system of education, created because of the way that vocational education has developed, as a separate entity, within the post war period. The formulation of policies to provide guidelines, has been seen by some as not being timely enough in bringing government control to a sector which has largely been left to develop independently, and offered by various providers (Paul Hamlyn Foundation, 1993). Change has not only been continuous and rapid, and the controversy not just about vocationalism but the best and most equitable way to prepare a workforce that does not marginalise any of its participants, and instead recognises all its talents and appropriately ensures that each participant is supported to achieve their potential. While the Wolf Report (2011) argues for the need to recognise possible benefits of vocational education in making up for a lack of academic success, the continued existence of a two tiered education system is still deeply embedded and considered to be problematic.

Prestigious

HEI's dominate educational provision as 'red brick' universities, while post 1994 institutions continue to reflect high numbers of BME participants gaining degrees with low level classifications mainly from courses which tend to be at sub-degree levels (Tribal, 2006). From the perspective of nursing education, the introduction of the foundation degree in health care by most HEI's could provide a stepping stone for those who may wish to later on join the new graduate nursing degree, introduced in 2012 when nursing became an all graduate profession (DH 2012a). However, while moving on to a graduate course from the foundation degree is possible, it may attract employer sponsorship, which may not be easily available for all

prospective students or for those who wish to join the profession without employer sponsorship.

New rules which apply from October 2012 now mean that all HE students are required to pay for their university education. In addition, the transfer of responsibility for students 'employability skills', to higher education confirms the failure of careers advice services, and signals a new focus in an effort to bridge the gaps caused by present large numbers of youth unemployment during a period of recession (Miliband, 2012).

Careers Advice and Participation

The challenge of effective careers advice has been a continuous agenda for UK policy makers in an attempt, over the years, to ensure that the workforce is skilled and able to meet the demands of an ever increasing technological and more complex society. For Black British African Caribbean young people in the school system, this is even more acute (Cross et al,1990), in a study which explored Ethnic Minorities engagement with the careers service, concluded that careers advice varied in practice between different providers. The problem with this, was the potential to deliver a service that was not consistent, and in which some careers officers were unwilling to admit that there could be problems relating to a lack of race awareness in the provision of careers advice in their locality. This research was commissioned by the then Department of Employment and concentrated on getting evidence specifically from careers officers rather than black young people.

The extent to which careers advice generally has met the Government's targets for effective outcomes is still debated, with the increasing evidence that large numbers of young people are not only unemployed but also lack the basic competencies in literacy and numeracy needed in the workplace. During a recession it is likely that youth unemployment will be quite high, however Milliband's report (2012) acknowledged the fact that the problem

is a long standing one which did not occur because of the recession. With the number of youth who are neither employed nor in education or training now totaling one in five, it was envisaged by the report that the annual cost to the taxpayer would be over four billion pounds (Milliband, 2012).

Careers advice was cited as a problematic issue, which needed an urgent response, given the fact that the problem is longstanding and pervasive. Torgerson et al (2008), in their systematic review, identified that careers advice did not have any significant role in decision making processes of post 16 minority ethnic students, with low expectations cited as a particular problem of teachers. Family support, positive peers as friends and individual participation were cited for playing a major role in influencing how these young people participated in post 16 education and career choices. It was noted, however, that where the advice was provided by careers officers, it had its greatest influence on Black Caribbean students. This is an interesting finding which demonstrates the possible positive part that structured careers advice could play in the experiences of this group of students. Stone (2012) argues for careers advice to be given at every stage of working life and be embedded in to mainstream academia in order to ensure availability of social mobility for all. In her view, it is not possible to get on without a clear understanding of where to go and ways of getting there. Structured careers advice is therefore an essential link in ensuring a clear understanding of career progression that is possible if a nursing career is chosen.

Summary

The review considered a range of factors which have affected the participation in nursing education, clinical practice and education generally. The majority of the literature on British born African Caribbean people is subsumed within the data for all BME groups, which limits the availability of any work that considers their experiences separately, apart from evidence about their educational achievements generally and educational underachievement, specifically, that are non-nursing related.

Discrimination and inequity has been embedded in early hierarchical structures in terms of the development of nursing as a profession and education development generally. The positioning of BME's as underachievers in the general education system has added the consequence of their presence in large numbers in FE institutions. Their passage through to HE has tended to see them situated mainly in post 1994 universities achieving with low level degree qualifications . There is hence a continuing debate about their achievement and about the factors which influence their participation in all careers, including nursing careers.

Chapter 4.

Methodology

Introduction

This chapter reviews the literature relating to methodology, and provides a discussion about research methods that are used in the thesis. The rationale for choice of analysis and an explanation of the theoretical approach are discussed. Their inter-relationships and combined use generally, and specifically in this research will be considered. It will include discussions relating to why the chosen approaches were felt to be relevant for this research, accounts of actual data access, collection, and eventual use of that data for the provision of analytical perspectives. Ethical clearances and the application of rigor to the project will also be discussed.

Understanding Meanings

‘Methodology’ summarizes the approach or the paradigm which underpins the research. For this study, the definition of the research problem included proposals as to the process of the research, the technique to be adopted, tools to be used to carry out the desired investigation, and the overarching philosophies to be explored in terms of analysis (Mason, 1995).

The distinction between ‘methods’ relating to tools of data collection, such as the questionnaire and interviews, and ‘methodology’ dealing more with philosophical meanings, are very important areas of understanding during the process of empirical enquiry. This consideration was an embedded feature of the research undertaken here (Blaxter, 2001).

All researchers have at their disposal a variety of tools to help in the identification and collection of data. They also have the option of determining how those tools will be best used to strengthen the findings.

The use of mixed methods applied in the study, has many advantages, which outweigh potential problems. Findings using one paradigm on its own can sometimes be considered as subjective, unscientific and with the opportunity for bias (Denzin and Lincoln, 2011). However the choice of a single or mixed method depends on the nature of the enquiry and is usually a personal decision by the researcher. For this research, the choice of mixed methods provided an opportunity to explore the issues from a variety of perspectives enabling a much more in-depth consideration.

Ethical And Other Issues Relating To Scientific Rigor

Protocol and guidelines for ensuring rigor include attention to ethical detail and any possible dilemmas, systematic research design, data collection and interpretation (Pollit & Beck, 2010). These were given priority consideration and formed the basis for this study. The planning stages of this research also took into consideration the need to ensure reliability and validity. This refers to expected attempts at ensuring that the research is being undertaken with attention to the highest level of consistency. This should help to strengthen its reliability and validity which are achieved when the results provide an appropriate representation of the truth (Dyson & Brown, 2006).

This is particularly relevant when undertaking work within the social sciences (Bryman, 2004, Lee, 1993, Letherby, 2000, Mason, et al, 2002). Researchers are therefore expected to pay due attention to these issues.

Work which involves the use of children and young people requires sensitivity and has to be conducted within the remits of the relevant United Kingdom (UK) legislation regarding contact with minors (DH, 1989, 2006). Even though any contact with school-aged participants for this research would only always be in the presence of parents and/ or members of the school staffing body, the requirement remained essential, and the researcher had to confirm that the criteria for safeguarding children had

been met by presenting evidence of a Criminal Records Bureau (CRB) check, which has since become the Disclosure and Barring Services, (DBS 2012).. In addition , and prior to undertaking any fieldwork, ethical clearance was requested and given both by the university and the schools involved in this project. This consideration was an integral part of the process of this research and contributed to enhancing its validity and reliability (Bryman, 2008, Parahoo, 2006). To ensure this process was methodologically sound, all participants, including school-aged children and young people in this research were provided with written details about the study (Appendix 2).

Information shared with all potential participants was done in a transparent manner, taking care not to patronize or to use terminology which they did not understand (Appendix 2). Confidentiality was assured and participants were informed that all data would be stored securely and would be anonymized. All participants had been advised in the participant information sheet about the three methods of data collection which were being originally proposed for use as part of this study. These include, survey questionnaire, focus group discussions and interviews. All participants were advised that they may not all be required to participate in all three methods. Focus group discussions, which were planned as part of school survey did not take place because of resource restrictions and school constraints. Participants were made aware of this after the first contact with them had been made.

Permission was given by schools before any students were approached, and all participants were advised that a summary of the research findings would be available on request, to any participant. All were also asked to sign an agreement which identified their understanding of the enquiry and their willingness to participate (Appendix 3).

Sampling and Study Design

The choice of purposive sampling was initially used to recruit individuals and schools for this research. Purposive or convenience sampling is not unusual in the research process and has the advantage of providing a focus for achieving the required participants, in this instance, Black British African Caribbean children, young people and Adults (Eakin and Mykhalovsky, 2003, Tongco, 2007, Teddlie & Yu, 2007).

Although its use was integral to the method used to search for participants, some aspects of random sampling actually occurred. This was, however on a self-selecting basis, which is typically classified as opportunistic sampling (Bryman, 2008, Pollit & Beck, 2010).

Adverts were placed in *The Voice*, a well-known newspaper which serves the black community, and on the popular website The National Independent Education Coalition (NIEC), also used extensively within the Black African Caribbean community. Details about the research were posted, with contact information if anyone wished to participate.

In addition, information was passed by word of mouth in the black community, and notices were placed in local churches. Contact was made by letter or by face to face meetings within private faith schools which predominantly serve the black community.

Permission was initially granted verbally by one school at the point of the actual data collection, however, access to that school was not possible due to a change in status from private provision to grant-aided and funded by the local authority. While permission was not withdrawn, access was not allowed due to staff unavailability to facilitate the process.

As a result, access had to be sought from other schools with similar profiles. Two secondary schools gave permission for access, one in the south-east and the other in the Midlands. Data collection took place in three distinct phases: the pilot study phase, the survey phase and the interview phase.

The Pilot Phase

The primary aim of this study was to test and refine the procedure for data collection using the quantitative survey, before embarking on the actual investigation into children and young people's perceptions of nursing as a career while they are still at school.

The questionnaire was specifically designed to assess its usefulness in terms of eliciting information from children and young people between the ages of 10.9 years to 19 years (Appendix 7).

It was important to test this tool to ensure that it would be appropriate and to modify it where necessary. The value of the pilot study as a means of testing out the tools for the main study has the potential of enabling the researcher to make more informed decisions about how to proceed (Denzin & Lincoln 2011). In this instance the pilot study was useful in informing the process prior to proceeding to the main study and ensured a better understanding of the results. The questionnaire was slightly modified as a result of the pilot, and also gave invaluable insight into responses from black British African Caribbean children in a private sector, fee paying faith school in an inner city community.

The Survey Phase.

Following slight modification as a result of the pilot study, questionnaires were distributed in two schools, school B and School C.

All schools were given assurances of confidentiality, therefore the information provided here is within that context and limits the amount of details that can be presented. However, what can be shared is that all participating schools serve large inner city communities and were classified as being within areas of deprivation, hence attracting regional and international development budgets. The children and young people were from families who were either unemployed or working in low paid jobs. It is likely that this may have an impact on career choices of children and young people in schools B and C (Gilborn & Gipps, 1996). For example, the quality

of parental involvement in the educational and career choices of their children may be influenced by their own level of knowledge, understanding and ability to engage fully with schools and systems if they are pre-occupied with 'making ends meet', among other variables (Andrews, 2013). Decisions about career choices are often influenced by parental issues ranging from poverty, educational attainment, employment status, criminal involvement, family structure and size (Nabit et al, 2005). The extent to which this is applicable to BME children and young people, is in addition complicated by the paradox of high aspirations of black parents yet low progression which is the result of racial and other stereotyping (Dewitt et al, 2012, Crozier, 1996). The interesting variation, however is the observation made from the phase one pilot study in School A. This is also an inner city school in a deprived area. However, its private sector status is derived from a faith perspective, and motivated parents who were encouraged by the church to have active involvement, along with the school, in career decision making. This demonstrated the higher educational expectations of children, their parents and the church and will be further explored in a later section.

The Interview Phase

In-depth interviews were conducted with Black British African Caribbean respondents who contacted the researcher following adverts online and by word of mouth in the black community. They indicated their willingness to participate in the study and were subsequently provided with the relevant information prior to being interviewed.

Those who were eventually interviewed were drawn from the North, the South and the Midlands areas of England. All participants declared themselves to be second or third generation Black British African Caribbean, of Black immigrant parents, and educated in the British School system, from primary education through to university, in all cases. Each participant confirmed Britain as their only 'home', even though they identified strongly with their parent's African and Caribbean backgrounds.

At the time of the interviews, none of the participants had any intentions of living anywhere else but in the UK. All respondents were from very large inner city areas of the UK, with dense populations of BME communities.

Consenting participants were given the opportunity to talk about their experiences as students in the British schools system, in nursing education, university education and as qualified practitioners in nursing in some cases. Following the interview and transcription, further contact was made with participants to check details of the transcribed interview, confirm, add to, or remove statements made as appropriate and to find out if and how they had moved on since the interview. Following up after an interview and asking participants to check the data provided by them provides validation by the respondents, and allows for the data to be of relevance and recognisable by them (Denzin & Lincoln, 2011). This process however is not about verification, but 'confirmability' and the recognition that dialogue with participants provides added value to the research, while ensuring that participants are able to feel involved in the research process (Breitmayer et al, 2007, Graneheim and Lundman, 2003). In addition, it ensured that comments made during the interviews were as participants intended and reflected their own, rather than the researcher's voice. This was an important aspect of data collection which addressed any possibilities of bias. It is acknowledged that a consideration of bias stems from the positivist theoretical framework of enquiry (Parahoo, 2006, Sacks & Allsop, 2012). Non the less, this researcher considered it to be an important awareness as a member of the group being researched, in order to ensure that the reader understands that this was considered as part of the process of enquiry. Moreover, this research utilized a mixed methods approach, drawing on both paradigms for analysis of the data. In this regard, a consideration of bias is not an unreasonable inclusion in this work.

Semi structured Interviews- rationale.

Using semi-structured interviews in the context of this research aimed at listening to the personal, lived experiences of Black British African Caribbean people who had studied in British schools and universities and/or worked in the NHS as nurses. The researcher set out to make sense of their experiences in order to understand the factors, which influenced their choices of nursing as a career, and the point of their decision making, their experiences while studying and/or working in the NHS and their views about recommending nursing as a career to their children, present or future. This provided interesting insights into the way the decision about a career as a nurse is made, and contributed to a more in depth understanding of the concept that Black British young people may not be interested in nursing as a career because they have been put off by the negative experiences of the first generation of the Windrush and post Windrush era, namely, their mothers, grandmothers and aunties (Baxter, (1987). In addition, that their parents/ grandparents and relatives actively discourage them from choosing nursing as a career. This research set out to identify whether this was still the case, over two decades on.

Justification for the Sample Size

While it is important to ensure a process which validates the use of the qualitative emphasis, every representation, which includes the ones offered as part of the interviewer process, ought to be considered as 'perfect' for something, and what is needed is making the decision about what the account is perfect for (Becker (2007). The burden is therefore not on the number, but on the actual account and its subsequent analysis.

The similarity of all participants' responses to the interview questions was an early indicator of saturation of the themes drawn from the interviews. Hence, there was no need for dependence on a purely quantitative requirement in terms of 'numbers' of interviews to be undertaken. This led the decision which justified the use of only seven interviews. Social

scientists engage in a process of attempting to understand and explain the world rather than trying to establish any numerical perceptions. An overemphasis on interviews in terms of accurate voices and numbers, could actually reflect neglect by the researcher in a preoccupation with the actual interview rather than being observant of the context, the participant and the social world (Baker & Edwards, 2012). For this research, listening to, and hearing the voice of the interviewees provided the main emphasis of the context, and ensured that the story was being heard as accurately as possible.

Mixed Methods - The Paradigms.

The decision to use both quantitative and qualitative paradigms (Mixed methods) for this enquiry was made within the context of the observation that paradigms, consisting of the qualitative and quantitative approaches as mixed methods, when used as major contributors in empirical enquiry, actually complement each other, hence providing the ability to gain richer and more comprehensive meanings from the enquiry. However, there may be times when they may be conflicting and inconsistent (Silverman (2000).

The main emphasis of the study was on the use of an exploratory approach to gain an insight into real life experiences of Black British African Caribbean students as participants in nursing education and as qualified practitioners. While partially set within grounded theory, being concerned with a detailed process of analysis and fully exploring complex interactions (Strauss, 2003), exploring lived experiences within the context of this research took place without prejudice, to any method. Using mixed methods allowed the consideration of, and use of any method in trying to make sense of the data, or a combination of each at any stage of the work.

The context of social scientific enquiry, as a main concept however, allows for the discourse to ensure and be concerned with possible causal relationships that may occur between social phenomena and underpinning

social laws. The concept of critical realism (Bhaskar & Callinicos, 2003) which makes attempts to bridge the gaps between postmodern critique and social scientific thinking, recognises the impact and value of structure (those factors that tend to restrict or affect individual choices and actions) and agency (individual capacity to not only make sense of their world but to think and act independently and make their own free choices). Finding out from children, young people and adults about their perceptions of nursing as a career and the extent to which their choices are influenced by careers guidance and other factors, considered the significance of structure and agency to the ontological discourse. This not only provided an opportunity for a deeper insight into the enquiry, but also validated their experiences of the social world as relevant and personal. When used within mixed methods, the potential to gather a rich and detailed dataset is enhanced.

Advantages of Mixed Methods.

Using mixed methods for the enquiry provided a complementary rather than conflicting approach. It can be argued that completely depending on any one paradigm could put at risk the richness of cultural and social phenomena, and would be inappropriate in many settings, including that used for this research (Silverman, 2000).

Having a polarised view about methodologies generally, and about the virtues or otherwise of the quantitative as opposed to the qualitative approach, has not been a focus of this work. However, as major tools, both are explored in this chapter in the context of their general usefulness, advantages and disadvantages to enable clarity in terms of their application. This takes into consideration the richness of both sources in terms of how the world is explored, whether this is by using the qualitative, quantitative, or a combination of approaches, which this project uses. Methodologies, whichever they are, can be only 'more' or 'less' useful rather than being 'true' or 'false' (Silverman (2000)).

Discussion in the research methodology literature argues for the recognition of mixed methodology as a new paradigm (Yin, 2006, Johnson & Onwuegbuzie, 2004). However it is also argued that this merely adds to the competition between the paradigms in terms of which are most important. A complementary rather than conflicting view provides the opportunity to triangulate findings for the research (Pollit and Beck, 2010).

Limitations of Mixed Methods

While there are some arguments relating to the problems and possible conflicts of the quantitative versus qualitative methods, both paradigms were used effectively alongside each other and without the limitations of the other despite some inherent differences (Silverman, 2000, Filmer (2004). Quantitative research, however, tends to be seen by some as a means of rejecting or confirming existing theories, while qualitative research provides an emphasis on the unfamiliar as a means of generating new theories, and/or exploring new meanings, especially when researchers allow themselves to become immersed in the data collection and analysis (Bryman, 2008, Strauss, 2003).

Non numeric data such as semi-structured interviews, narratives, debriefs and follow up of participants is considered by some to be unregulated and uncontrolled (Patton, 1990). This is because it allows the participants and researcher the possibilities of becoming immersed in the process, which further adds to, and extend meanings and interpretations above and beyond the questions being asked in a semi-structured interview. For this research, aspects of unregulated data included therefore the semi-structured interviews, the debriefing and subsequent follow up of participants, and the researcher's diary which was kept throughout the journey and includes some of the personal experiences of the researcher as nurse educator. Becoming immersed in the whole process is inevitable, given the status of the researcher as a member of the group being researched. Undertaking

qualitative enquiry especially as a member of the group being researched lends itself to the researcher having no options but to allow oneself to represent the phenomena being investigated in its full confusion and complexity (Ziebland, 2005).

The potential for bias in these circumstances must be acknowledged and is not ignored, neither is the potential for a more in depth understanding of events and of the data. Indeed the researcher would argue that being able to immerse oneself in the whole process provided an opportunity to see beyond the data, into the lives of participants with whom there was no doubt a shared understanding of perceptions, feelings and complexities of their experiences. However, this did not in any way negate the responsibility to guard against the strong potential for bias, even when the positivist paradigm was not used in isolation to analyze the data in this research. In order to facilitate a reduction in this potential, participants were given the opportunity to review what they had said in interviews and confirm, modify or add to it. This served to ensure that what was captured in the interviews reflected as fully as possible what they wanted to share. It can be noted here that participants added, clarified and emphasized particular parts of interviews which were returned to them, and represented their additions in follow up briefings.

The use of a semi-structured interview guide did not, however, exclude the participants from adding their own perspectives, at the time of original interview even though the same guide was used for all participants. However, each individual was able to expand on different aspects of the semi-structured guide, which invariably added their own personal perspective to the interview, hence contributing to a flexible approach which facilitated individuals' personal perspectives (Bryman, 2008).

The qualitative aspect of the design provided the option of administering the semi-structured interviews to the participants. Data analysis included

understanding attitudes, opinions, histories and individuals' feelings. The exploratory nature of the topic guides made interviews flexible and much more representative of each individual's personal concerns. The opportunity for further follow up and clarification by the researcher enabled the exclusion of ambiguities, reduce personal bias and check on expansion of meanings as appropriate. Situated within the phenomenological approach, the aim was to search for understanding in order to get a clearer overview of individual experiences (Barker et al, 2002).

A systematic collection, organization and interpretation of the data, was therefore gleaned from a variety of sources. This was then used to construct a clear epistemological context into which the research strategy is grounded. As alluded to earlier on, sources of the data included interviews, observations, debriefings, narratives provided after follow up to the interviews, personal research diaries, reflection and documentation, used together or singularly. They were all used to enable the exploration of meanings in terms of the social phenomena experienced by the participants (Malterud, 2001). Making sense of life experiences is hence a key activity within the framework to which all the data contribute (Smith et al, 2009). The background of the researcher as a nurse educator allowed for reflective exploration discussed in a later chapter of this work. Mixed methods provided the option of choice and freedom to use the most appropriate tool as required at each stage of the enquiry.

Due to the existence of previous research about the phenomenon, being investigated (Baxter, 1987, Lee-Cunin, 1989) the qualitative aspect of this paradigm ensured that fresh insights and novel concepts could be further explored, hence the choice to include interview data in this research. Within this context, its use is justified as it added further meaning to what is already known about the subject. Understanding the actions, perceptions and motives of individuals and organizations lies at the heart of this enquiry

and analysis. Mixed methods enquiry contributed to this understanding and demonstrated the value of the powerful impact of interpretations of social phenomena and experiences on individual constructs and views of the social world in which they participate (Bryman, 2008).

The qualitative part of the mixed methods process is able to provide policy makers with tools for social intervention, by virtue of the fact that data and analysis have usually come directly from individuals' experiences of their world, hence having the possibility of being influenced by those policy decisions (Denzin & Lincoln, 2011). This research did not set out to directly influence policy decisions, rather the aim was to make sense of the experiences and perceptions of Black British African Caribbean participants in relation to Nursing as a career choice from hearing their own voices, rather than through the voices of their descendants, community or careers officers.

Social Scientific Enquiry- Qualitative Advantages within Mixed Methods. There is a wealth of literature, which supports and helps to explain the many facets, including philosophical, methodological and practical arguments, which are likely to be encountered during the use of qualitative enquiry within mixed methods (Silverman, 2000).

Its integration has the potential to provide researchers with different possibilities for knowing the social settings that they describe and analyze (Pope & Mayes, 2009). Explaining and exploring contextual meanings, causal relationships and perceptions of social phenomena, are key to enabling a better understanding of the issues being explored (Ziebland, 2005).

As a social scientist, understanding the subjective aspects of human experiences and the historical dimensions of human behaviour puts one in direct contrast to natural scientists (Blaxter, 2001). This way of knowing the

world, is also derived from the 'empathy' tradition, and helps to explain the importance of total immersion and the sharing of participant experiences in the complexities of the process (Denzin & Lincoln, 2011).

Being able to generate a mix of data which is rich and detailed, with the potential to reveal not just contradictions and deviancies but allowing for an exploration of what is said and how it's said, was a very important aspect of this research, reinforcing the opportunity to give each individual their own distinct voice (Darlington and Scott, (2002).

Exploring Subjectivities To Support Phenomenological Enquiry

The process of conducting interviews provided the opportunity to share physical space with each participant. In addition, the researcher was able to spend time alone with each participant while gaining an in depth understanding of the meanings from each individual's perspective. Physical stimulus has the capacity to mean different things to different people. The way we act as human beings tends to depend on a number of variables, which include motives, attitudes, beliefs, intentions and social meanings (Hammersley and Atkinson 1995). Stimuli are interpreted continuously, and revised periodically, and are then used to shape our actions. Within this context, even individual actions have the potential to change, and the same actions also have the potential to mean different things to the same individual, at different times. This complexity is what makes qualitative enquiry rich and interesting (Pollit & Beck,2010). It gives the opportunity for an understanding of how individuals view their world in terms of what is important, from their perspective, at any given time. This includes not just the present, but past events, experiences and histories, in particular those which are of relevance to this research (Parahoo, 2006).

Understanding The Interview Process Within Social Scientific Enquiry As a traditional aspect of qualitative research in the social sciences the semi-structured interview was used as the main method for collecting data

within this research. This approach helped to elicit information that informed how individuals view their world in terms of the area being described or illustrated. Therefore, the semi-structured nature of the interviews captured and in turn generated an understanding of the opinions, attitudes, historical reminiscences, and personal issues of individuals.

Interviews provided an opportunity for participants to tell their own stories and are usually considered as one aspect of the narrative process which helpfully provide an account in terms of their own individual biographical journey (Russell, 2012). The benefit of using this approach lies in its flexibility and the possibility of detail in terms of both the breadth and the depth of the data. Semi-structured interviews enabled discussion topics to be fixed or open with the possibility of generating data that was clarified in follow-up interviews with the participants at a later date.

The findings from the semi-structured interview were enhanced by the findings from the data collected following the analysis of the responses to the questionnaire. Equally, the analysis of data from the questionnaire were also complemented by the way the questions were constructed, with closed and open questions providing a structured way of coding and analyzing (Pope et al, 2002) . Thus there were multiple benefits from employing these complementary methods.

Perceptions and motives of individuals and organizations lie at the heart of qualitative analysis. There are a number of factors which may help to determine the way a research proceeds, which include issues such as the availability of time, financial and other resources to get the work done. These add to the possibilities of an irregular unregulated process (Denzin & Lincoln, 2011). In the case of this research, availability of time was a major factor, given the researcher's status as a full-time employee and a part-time researcher, with minimal dedicated time to undertake the required work.

However, an effort was made to become fully immersed in the process through taking the time to carefully transcribe, debrief and follow up with participants to check meanings and give them the opportunity to make any additions or withdraw statements if needed.

The use of the survey as part of mixed methods.

Quantitative approaches in research is set within the context of positivism, where the theory of knowledge rely on the search for observable facts (Barker et al, 2002). Questionnaire surveys within the quantitative paradigm allows for attention to factual data which can be observed or collected. The emphasis is on measurement, which attempts to analyse causal relationships between variables, including descriptive and inferential statistical ways of interpreting data (Maltby et al, 2007).

It was felt that the survey method enhanced the meanings from the perspective of Black British African Caribbean children and young people in the schools sector, and the interview participants. This concurs with the views expressed by Silverman (2000) which was discussed earlier that the paradigms ought to be viewed as complementary rather than in opposition to each other.

The survey of children and young people's career choices, careers advice, and their understanding and knowledge of nursing as a career provided an opportunity to add further meaning to the enquiry of this research. This enabled insightful conclusions to be drawn from the use of simple descriptive statistics gained from quantitative survey analysis, and proved to be an important and useful addition to the process (Whittaker and Williamson, 2011). The questionnaire which was administered in the schools generated responses which were subsequently coded using Xcel data analysis, to provide basic descriptions from nominal data. This was designed to enable comparative overviews of responses to the survey, rather than emphasizing complex aspects of quantitative data analysis, usually

provided by popular statistical packages such as SPSS. The data gathered, however, also generated insightful qualitative data which added to the richness of the outcomes from this phase of the data process.

Ruling out focus groups as follow up to the schools' survey.

The original plans for the survey enquiry included the possibility of focus groups as a follow-up with the schools' cohorts, as was indicated in the participant information sheet.

The use of focus groups may have further enabled an in-depth exploration of career choices relating to how black British African Caribbean children and young people in schools perceive careers in nursing and health overall (Rallis & Rossman, 2012). Additional exploration of the full range of influences on their choices may have helped to throw further light on any inhibiting factors, adding the possibility of further triangulating the findings and strengthening reliability. However, this phase of the work had to be abandoned because of difficulties with follow up access to schools, which became impossible due to internal inspection processes that restricted access to researchers. All participants were informed about the decision not to undertake the focus groups. Ultimately, both schools struggled with concerns relating to achievement targets and special measures, which placed requests for further access very low on their agenda despite promises made as gestures of goodwill. It is also argued, that it is not necessarily the case that any further information would be forthcoming from the students in focus groups if they merely confirm statements they had already made as part of a survey (Barker et al, 2002). It does not follow then, that focus group interviews would necessarily have added anything new to the data already collected.

Tools for Analysis of Qualitative Data

Approaches for analysis of qualitative data are many and varied, however, the main requirement is ensuring that there is transparency and a rigorous application of a systematic process (Braun & Clarke, 2006). Qualitative

Content Analysis (QCA) was chosen for this research, because of its familiarity within nursing and health care, where it has been widely used (Elo & Kyngas, 2008). Since this research is of interest to the field, it was considered to be an appropriate way of addressing the analytical process. Historically, it was originally used to analyze communication messages, and involves the decoding of written, visual and/or verbal messages.

Content analysis as a method of exploring qualitative data is concerned with categorizing and systematically examining that data, with a view to identifying themes, coding, classifying and forming categories (Pope and Mayes, 2009.) A unit of analysis in this instance would be an interview which can be further broken down into categories identifying manifest text content, or content which is visible and hence easily identifiable. Latent content identifies underlying interpretations to give meanings which may not have been obviously expressed in the text (Graneheim & Lundman, 2003, Elo & Kyngas, 2008) The emphasis is on the search for, and frequency of individual words and phrases, which can also be related to categories of behaviour. It provides the researcher with the opportunity to become completely immersed in the data to strengthen familiarity with the contents of the interviews (Pollit & Beck, 2010). One of the strengths of using QCA is its ability to be applied across both quantitative and qualitative paradigms. Inductive QCA may be applied where there is little or nothing known about the subject of the enquiry, while a deductive approach assumes that there is some previous knowledge, as in the case of this research (Elo & Kyngas, 2008). However, while there was no prior theory because of previous knowledge in this area of research, one aspect in terms of the approach of this thesis was to consider the issue of parental discouragement as a possible testable hypothesis from previous work, that could be proved or disproved.

Analysis of interviews - the process.

Interviews were audio-taped and carefully transcribed verbatim to capture all aspects of respondents' feedback. Each audio was checked and double checked to ensure correct statements were picked up in the transcriptions. All transcripts were returned to each participant to check for accuracy and to remove or make additions if they wished to do so. A follow up telephone call was also made to each participant to clarify details relating to any additional information or to remove any detail that they had previously provided. All interviews were analyzed using QCA.

Each interview transcript as a unit of analysis was initially read and re-read by the researcher in an attempt to become as familiar as possible with what participants were trying to say. This was done a number of times before the transcript was sent back to the participants for further comments. Categorizing and coding of the data commenced once the feedback had been received. The purpose of waiting was to enable a clearer perspective which Tracey (2010) argues contributes to a richer understanding of each perspective.

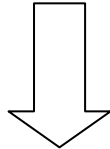
Categorizing of the data was initially based on manifest content which included visible meanings of the sections of the text (Graneheim and Lundman (2003). For example, biographical data was extracted for each participant as manifest content giving details of names, age, marital status and school and university attendance. Further condensing of remaining text content was carried out to form subcategories within each category. Latent content analysis involves interpretations of underlying meanings with the subcategories leading to a process of condensation or shortening of the text but without losing the original meaning (Elo & Kyngis, 2008). Pulling out the themes from further latent analysis of the content helps to identify patterns of meanings that are recurrent throughout each interview. It is possible for a theme to have multiple interpretative meanings which can be

linked across subcategories since they are not necessarily exclusive (Pollitt and Beck,2010).

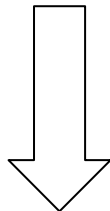
Table 5.

Stages of Coding in QCA as applied to interviews in this research. (Based on Graneheim & Lundman, 2003).

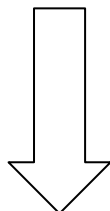
Unit of analysis (The Interview, Researcher diary etc.)



Manifest Content (Biographical Data, Other Statements of Fact)



Latent Content (Interpretations/Underlying Meanings)



Categories (Themes and subthemes from text, expressed or derived.)

Deductive content analysis in qualitative research is useful when the researcher hopes to test a previous theory or look for new meanings over a period of time in order to make sense of the phenomenon being researched. Using this method provided this researcher with a content sensitive approach and a design which added flexibility rather than just a simplistic

technique (Krippendorff, 2011). This has the possibility of identifying processes that are critical to meanings, consequences, context and intentions (Graneheim & Lundmann, 2003).

Its limitation lies in its lack of depth, which restricts its ability to consider the significance of the words identified. However it is possible for the method to be adapted to the needs of the researcher, who can make it as simple or as difficult as necessary for the requirements of the research to which it is being applied. In this context, the skills and experiences of the researcher can help to determine the quality of the analysis (Pollit & Beck, 2010).

An alternative tool that was contemplated was Framework analysis, which is another method of exploring qualitative data. Being similar in parts to QCA, it also has the ability to provide a more explicit process, lending itself to not just being used by the main researcher but also by other people (Pope et al, 2002). It involves coding data in a variety of categories, then comparing and examining them across categories. The aim of this is to strengthen the data reliability. Ultimately, the categories are further reassembled then reduced into groups according to the represented themes, at which point the narratives are then compared in order to identify all common themes. The decision to use QCA for this research rather than framework analysis was based on the exploratory nature of QCA, providing deeper insights in the identification of key concepts to inform the process of answering the research questions. As a methodological tool commonly used in nursing and health research, it will also be familiar to those who may wish to access this research in the future.

Reliability, Validity and Generalizability.

Issues of reliability and validity are part of a longstanding and perhaps somewhat contentious debate for research in the social sciences. Arguments vary from those who think the requirements ought to be modified before application in qualitative settings, to those who believe it is perfectly possible to apply them (Malterud, 2001).

Improving qualitative research validity and reliability may not be as straightforward as it may be perceived, a possible reason why this is not done within the context of the quantitative paradigm (Silverman, 2000). The complementary rather than contrasting perspectives relating to reliability, validity and generalizability were considered against the qualitative aspect of the framework, rather than the survey, and included the following:

- The way the sample was identified, to improve on credibility.
- The accuracy of the representation in terms of content and interpretation of the data to demonstrate whether what was said has been appropriately understood, to improve on validity.
- Identifying and documenting all themes that are recurrent, consistent and accurate in order to assess whether the findings can be replicated, to improve on reliability, although replicating findings was not an original intention of this study.

Rigor

The above points contributed to ensuring a high level of rigour in the research process. This included the way the data was collected, the choice of the sampling frame, the way the data was analysed, to be comprehensive, systematic and inclusive, and the way the findings were documented, to ensure transparency (Parahoo, 2006, Whittaker & Williamson, 2011)

The data which was collected by the methods discussed above were not necessarily meant to provide accurate representation of actual events, since this is not the focus of this research. Instead, it provided the opportunity to understand and make sense of the participants interpretation and

experiences, which in turn gave a better understanding of events taking place in their social world.

Credibility and Robustness.

Even though applying reliability and validity in the conventional way would not necessarily always be the most appropriate way to assess robustness, (Elo & Kyngas, 2008, Graneheim & Lundman, 2003) it was still considered necessary to ensure that attempts were made to make any findings as trustworthy as possible. Internal validity ensures that data can be used in a coherent way to add to the process of developing a theoretical approach. Increasing credibility can be achieved through the process of triangulation, discussed below, as it helps to provide confidence about the findings when there are different aspects and angles in terms of the actual investigations by differing people or groups (Dyson & Brown, 2006.)

Transferability

Any argument for transferability in terms of the research links to an expectation of external validity, which is the possibility of generalising findings to other social settings (Denzil & Lincoln). This is not necessarily always part of the planned outcomes for all qualitative research, and was not a planned outcome for this research. However, applying the principles appropriately ensured that the richness and thickness of qualitative data, albeit in small samples in many cases, still makes for a sound basis from which to transfer findings or make judgements in other social settings (Pollit & Beck, 2010).

Making Sense of Phenomena and Events

The focus for this research was on an attempt to make sense of perceptions and experiences (Silverman, 2000). However, reducing bias as far as possible still remained an important goal, which was applied to show attention to rigour and strengthen reliability and validity. Theoretical

inferences made are therefore as valid as empirical generalisations which are a feature mainly of the positivist approach (Williams, 2011).

Triangulation

Triangulation is usually best achieved by the application of different methodological paradigms, the approach used for this research. When applied solely in a qualitative context, it tends to contribute to confirming and generalising, as opposed to aiding an understanding of issues relating to reliability and validity within the qualitative context (Denzin & Lincoln, 2011). However, confirming completeness enhances its application, and strengthens validity and reliability (Breitmeyer et al 2007).

For this research, triangulation was achieved by reference to the data sets used. Although the use of focus groups had to be abandoned due to lack of access, the survey which was carried out in all schools provided the opportunity to triangulate findings from both qualitative and quantitative data. Triangulation provided the opportunity to use all sources of data sets to explore the phenomenon and contribute to strengthening the credibility of the interpretation. In addition, it also helped to identify any differences or commonalities in the perspectives (Tracey, 2010). Themes from the interviews were compared with key findings from the survey data, the researcher's diary of events throughout the journey of this research process, including years of practice as a clinical practitioner and a nurse educator. These all contributed to enhancing generalisability by bringing multiple sources of data to explain a single point (Marshall and Rossman, 2006). Triangulation is not a means of acquiring truth, but a way of exploring various ways that the social world may be experienced. With this in mind, all data were used to further add to meanings and corroborate the findings.

The result meant that dependability could be assured, aiding the production of an audit trail. This helped to identify and confirm that

appropriate procedures have been followed in the conduct of the research and the justification of inferences made (Denzil & Lincoln, 2011).

Confirmability

The extent to which the researcher is considered to have acted in good faith and without known bias helps to underscore researcher neutrality, and is closely linked to bias and trustworthiness. The aim is to ensure that findings are not used just to support the researcher's political or theoretical viewpoints, but are reported honestly (Bryman, 2008, Silverman, 2000). The audit process outlined for this research was strictly applied to ensure confirmability and included regular reporting to the supervision team and annual progress review.

The Role Of Reflexivity In Social Scientific Enquiry.

Reflexivity in this research focused on 'individualistic reflexivity' which makes attempts to understand and explain subjective biases and issues from the perspective of the researcher as clinical practitioner, nurse educator, member of the group being researched, full time employee and part time mature student (Silverman, 2000). This discourse takes place in a later chapter of this work.

Reflexivity in the social sciences provides knowledge of the social world which is not only distinctive but scientific, being based in realism specifically relating to social actions and their meanings (Carter & Sealey, 2009). Reflexivity in research is not only objective and collective but epistemological (Bourdieu, 1986, Wacquant, 2006).

Epistemic reflexivity ensures that scientific knowledge in the social world is objectified. The potential principal source of bias lie within the researcher's social origins, the position of the researcher in the intellectual field and intellectualist bias which derives from the way the world is viewed. Hence, the focus is on both the researcher and the intellectual field. This shift from

a mere perspective of individualism in reflexivity helps to ensure that the object (the field) and the subjects (the researcher and the participants) become a collective whole which underpins the epistemological approach and generates social scientific knowledge (Carter 2007).

However, to equate social scientific research with 'science' is itself problematic, since the two are different activities (Pollit & Beck, 2011). Attempts to 'regulate' social scientific enquiry within the limits of science and technology tend to have unhelpful consequences. Therefore all constant attempts to regulate everyday epistemology whether it is through reflexivity or other politically driven methods, usually linked to funding, tend to add to the problems, which it is argued could end up subverting the role of social science as social science (Pollit & Beck, 2011). Hence reflexivity should be considered as an analytical tool that is a necessary part of the empirical process, as used in this research, which should not have to be justified (Adams, 2003). 'Everything is data and should contribute to the analysis' (Johnson, 2012a)

The Relevance Of Reciprocity

In the spirit of giving back, rather than just taking from the community, the researcher offered to provide careers advice to schools that took part as a gesture of reciprocity (Culley et al, 2001). However, the offer was taken up by only one of the participating schools.

The researcher accepted the invitation to re-visit the school and provide further nursing careers information. It was felt that raising the prospect of nursing as a viable career option for these pupils and students could have a 'knock on' effect in terms of the overall career choices among BME youngsters, while also providing the opportunity to check back with participants who contributed to the pilot study.

For the interview phase, information was provided to all participants who needed support with sensitive areas of their interview. Telephone numbers

of useful services in the community and the NHS were provided. All participants were debriefed following their interviews and were followed up to confirm and clarify statements made during the interviews, including to enquire about their progress towards achieving their goals which were discussed in their interviews.

The data gathered helped to identify convergent and diverse perspectives and their relationship to the problem being explored. There was an opportunity to explore both past and present experiences in terms of the perceptions and image of nursing as a career and its implications for future participation, knowledge of nursing and careers advice. Examining the range of experiences as they were recounted by participants provided background information about their own individual interpretations of their social and political environments .

It is acknowledged that attempts to generalise from small cohorts have the potential to be problematic. However, this was not the aim of this research, which specifically set out to draw on meanings, attempting to explain and understand the phenomena rather than making generalisations. It is argued, however, that it is unlikely that the perspectives of this sample may not necessarily be reflective of the perspectives that could be captured if a larger national sample had been accessed. This issue has been repeatedly identified in the literature base (Baxter, 1987; Iganski, 1998; Chevannes, 2001; Beishon et al, 1995; Gerrish et al, 2002; RCN, 2007).

The Process

All notebooks, transcripts and paperwork concerned with information, consent and computer trail in the research provided a measure of accountability and helped audit dependability. Questionnaires to be administered were seen by the supervision team and modified where

appropriate. Using a pilot sample enabled a similar process where any modifications needed were adapted before administering to the full group. Participants for the interviews self selected into the project by contacting the researcher following internet messages sent via websites and media modes, word of mouth and community voluntary organisations, which specifically serves the community concerned. Interview transcripts were all seen by the supervision team as well as being followed up for checking for accuracy by each participant.

Sampling Frame-Inclusion criteria

For the purpose of this research, interview sampling was by a process of self selection from the initial 'purposive' sampling used by the researcher (Tongco, 2007, Teddlie & Yu, 2007).

To be considered as able to participate in the interview, respondents had to be Black British African Caribbean, educated in the British School System with experience of the NHS as nursing students and/or qualified practitioners. Participating schools were chosen because of their inner city context, where large numbers of students from BME backgrounds are historically situated.

Predicting the number of interviews needed in order to generate and provide strong data in qualitative enquiry can be a difficult issue. As a consequence, there is a tendency to continue until there is obvious data saturation, where no new themes are being identified. It can also be difficult to predict how soon this will happen (Hsieh & Shannon, 2005). However for this research, manifest and latent content from categories in the interview (Elo & Kyngas, 2008, Hsieh & Shannon, 2005) became repetitive from the third interview onwards and by the seventh interview it was obvious that data saturation had been achieved. This became apparent when participants who did not know each other, and had never met, began to share similar responses that fitted with the emerging themes from other interviews.

It is acknowledged that sample size must be taken into consideration, Sandelowski (1995) given that it may be possible to have too small or too large a sample in qualitative enquiry, this researcher confirms that the size of the sample was considered. The explorative nature of this research was not designed to be reliant on numbers but on meanings, the aim being to gain a deeper understanding of the issues relating to the research questions, rather than make any generalizations. Qualitative research, however, cannot and should not focus on the size of the sample, but on the quality of the enquiry and the depth of insights that emerge (Swanson and Chenitz, 1986). Within a context of critical realism (Bhaskar & Callinicos, 2003) the interviews provided an opportunity to engage with the ontological underpinnings, which drive the way that individuals perceive and experience their social world and enable their voices to be heard.

Summary

Adopting a mixed methods approach, enabled better understanding of the research questions and strengthened the meanings gained from the findings of this research (Silverman, 2005).

The result was a clearer focus for investigating the issues relating to participation of Black British African Caribbean students in nursing education and as qualified practitioners. In the context of the original research questions, areas explored included the factors which influence their experiences and perceptions, their career choices while still in school, their knowledge of nursing as a career, the careers advice which helped or hindered their decisions and their experiences as students and qualified practitioners.

Using both qualitative and quantitative (mixed) methods added to the richer meanings and further insights and explanations of the participants' concepts and perceptions and how their career experiences and choices are influenced by their social world. This enhanced, rather than in any way

complicated or minimized the overall analysis and discourse (Johnson & Onwuegbuzie, 2004), which was achieved in this research.

Chapter Five

Findings and Discussion

Introduction

This chapter consists of two parts. Part one will outline the findings of the research and includes a description of the specific demographics of each participating school and of individual participants. Part two will follow with a discussion of the findings relating to the themes which emerged from the research.

To enable the reader to contextualize the findings, and to serve as an explicit reminder of the basis of this enquiry, the research questions, as identified earlier, are again presented here, as follows:

Research Questions.

- What do BBAC children and young people think and know, about nursing as a career?
- What careers advice do young BBAC receive about nursing as a career?
- Do parental or family/community influences contribute to low or non-participation in nursing as a career?
- Are BBAC people actively discouraging their children from choosing nursing as a career as a consequence of their forbears' negative experiences in the NHS?
- What are the experiences of BBAC people, as student nurses and employees of the NHS?
- What are the possible implications of low participation for nursing practice specifically, and for the development of nursing into a highly specialist profession, serving a diverse population generally?

The above questions were central to this enquiry and informed the basis of the work that was done. They have been directly interrogated by the survey questionnaire and the semi-structured interviews which were completed by participants. The findings below are informed by the questions.

Part 1 – FINDINGS.

School A Demography – The Pilot Phase.

At the time of the pilot survey, school A was faith based and private, with 98% of Black British African Caribbean children, 1% Asian and 1% of mixed black/white/black/Asian parentage. Parents paid for their children's education which was further subsidized by the church if they were members. The school is situated in an inner city setting, being partially funded by the church to which it is affiliated. It is in an area of deprivation, much the same as the other two schools, however, parents of these children are prepared to make the financial sacrifices to pay for their children's education. They may not have been able to do this if they wished to access the main stream British private education sector because of inhibiting costs. Being provided with subsidy from church budgets was obviously a contributing incentive for the parents.

Having been established for over twenty years, this school is considered a flagship school serving the black community, and identified as such by the local education authorities, though the faith leaders are very keen to stress that it is not just for black children. Having a total capacity of 500, this is considered a small school with class sizes of between 13-15 students. The school prides itself on consistently being among the top performing schools in terms of SATS results for English, Maths, Science and 11 plus examinations, with children from the school regularly winning places to top grammar schools in the city.

There is a very close working relationship with parents of children who attend and with the church by which it is sponsored. The church is responsible for appointing chaplains and parents are invited in to work as volunteers and to participate in all aspects of school activity.

It is staffed by a black head teacher and all black members of staff from teachers, school assistants, dinner ladies, cleaning staff and school chaplain. The questionnaire was administered by class teachers across three classes in the absence of the researcher. Thirty questionnaires were returned, from a total of forty five, which were given out. The researcher was invited back to the school following this survey to address the school's assembly of teachers parents and children about careers in nursing. Notes were recorded in the researcher's diary of this meeting citing comments made by parents and the head teacher about the survey and the follow up assembly session to the whole school. This school had previously provided no information to the children about careers as a nurse, however there was a regular timetable of black British African Caribbean doctors, dentists, lawyers, teachers and other professionals except nurses all faith based, who frequently addressed the school's assembly. When asked why this was the case, the head said nursing had just never been considered. This was an interesting observation given the relationship of the BME community to the NHS where large numbers of African Caribbean people have worked as nurses and supported the NHS, and the fact that some children had parents who themselves were nurses (Phillips & Phillips, 1998). School A provided a unique perspective on the results of the survey, having identified a group of Black British African Caribbean children whose parents were contributing to a paid education for their children.

Data from the Pilot Study phase (SCHOOL A).

The questionnaire was administered to all students in their final year at the school, who were getting ready to move on to secondary education. The

piloted survey needed only slight modification prior to being prepared for the main questionnaire.

The number of students responding to the questionnaire in the pilot study was 30. Total questionnaires given out was 45, giving a response rate of 74%. The table below illustrates the students' biographical details and the findings of the pilot study in terms of career choice and their views about nursing as a career.

Table 6. Pilot Study Participants. (SCHOOL A).

St	Age	Sex	Ethnicity	11 plus & SATS	Careers advice/choice	View of Nursing
1	11yrs	F	Black British	Taken	Yes/Lawyer	Rewarding Job
2	10 yrs 8 m	F	Black British	Taken	Yes/Dentist	Good career
3	10yrs 9 m.	F	Black British	Taken	Yes/Doctor	Good career
4	11 yrs	F	Black British	Taken	Yes/Dentist	Long Hours
5	11yrs	F	Black	Taken	Yes/Lawyer	No career progression
6	10yrs 10m	M	Black British	Taken	Yes/Pilot	Low Pay
7	10yrs11m	M	Black British	Taken	Yes/Doctor	Not for boys
8	10yrs9m	M	Black British	Taken	Yes/Dentist	Career for girls
9	10yrs 10	M	Black Brit.	Taken	Yes/.Lawyer	Good career for girls
10	11 yrs	M	Black Brit.	Taken	Yes/Pastor	Rewarding career
11	10yrs 10	M	Black Brit.	Taken	Yes/Architect	Helping people
12	11yrs	M	Black Brit.	Taken	Yes/Information Technology	Caring for others
13	11yrs	M	Black Brit	Taken	Yes/Doctor	Not for boys
14	10yrs 11m.	F	Black Brit	Taken	Yes/Midwife	A caring profession.
15	10y10m	F	Black Brit.	Taken	Yes/Teacher	Look after people
16	11yrs.	F	Black Brit.	Taken	Yes/Dentist	Helping other

						people
17	11yrs	F	Black Brit.	Taken	Yes/Teach	Stressful job
18	10yrs 11	F	Black Brit	Taken	Yes/Paediatrician	Good career
19	10yrs 11	F	Black Brit	Taken	Yes/Surgeon	Good career
20	11yrs	F	Black Brit	Taken	Yes/Teacher	Hours are too long
21	11YR	M	BLCK Brit	yes	Yes/Computer Scientist	Good Career
22	11YR	M	Black Brit.	yes	Yes/Midwife	Good to care for others.
23	10yr.11m.	F	Black Brit.	Yes.	Yes/Solicitor	Good career
24	11Yr.	M	Black Brit.	Yes.	Yes/Pilot	Good for girls
25	11YR.	F	Black Brit.	Yes	Yes/Teacher	A good career
26	11YR	F	Black Brit.	yes	Yes/Doctor	You get to care for people
27	11Yr	F	Black Brit.	Yes	Yes/Dentist	A good career
28	10Yr11m.	F	Black Brit.	Yes	Yes/Dentist	A good career.
29.	11 Yr.	M	Black British	Yes	Yes/Pastor	A good career for girls
30	11 Yr.	M	Black Brit.	Yes.	Yes/Teacher	OK for girls.

School B- Demography.

At the time of the survey, School B had a roll of 900 students including a large sixth form sector. The school's mission statement is similar to School

A, which is faith based, since it originated from a former faith based school which was highly successful and popular in the local community. However it is unrelated to any of the original faith based schools that were previously considered for this project. Changes came about because of local educational reorganization. The former school which needed much refurbishment, was promised brand new premises if it was prepared to relocate, hence a new school was built and has only been open for three years.

Moving the survey to a non-fee paying secondary sector turned out to be very positive for the project, as it provided cohorts of white and Asian children and young people with which comparisons could be drawn.

Having tried to transfer its good reputation from the old school which had to be closed, school B stressed its expectation of a 95-100% student attendance with a dedicated person who monitors this. It was combined with another school which had been identified as failing and all the children transferred into one new 'state of the art' building. The resultant effect of this was that the school was almost immediately put in special measures and a new head was put in place. This created numerous tensions and insecurities and many staff were forced to retire or asked to move on. Attempts were made to integrate the good standards of the original faith school, so the sixth form centre continued to offer academic subjects to those with the ability to do them. It also provided alternative arrangements for those unable to take this route by offering a set of vocational type courses in partnership with local providers of apprenticeship programmes.

Vocational courses on offer were childcare, hair and beauty, landscape gardening, construction and animal care. The school's website identify information, guidance and support as being fundamental to a personalized plan to ensure all students from year 7 through to year 13 are given all the details they need about their options, in terms of their future career

choices. They also have access to their local Connexions services in the form of their own Personal Advisors. How effective this is in meeting that goal is an issue for exploration, given the findings of the survey, to be covered in a later chapter of this thesis.

The Connexions service was established by the former (Labor) government to provide guidance to young people about careers and help them make choices about work. The effectiveness has not been evaluated and it is difficult to estimate how well they have been able to achieve the goals which the government had originally set for them. With unemployment among young people aged 17-25 years being very high (Department for Employment, 2012) and with the emphasis of the Milburn report (2012) on employability skills and the need for universities to take the lead, it can be assumed that the failure of the Connexions service is now recognised as having significant impact on the employability of young people. Dr. Tessa Stone, the chief executive of the education charity 'Brightside' argues that social mobility is dependent on active and dynamic access to careers advice to which only lip service is being paid at present (Stone, 2012).

Data from School B .

A total of 200 questionnaires were given out in school B. The number returned was 129, which gives a response rate of 64.5% (Table 7).

Table- 7.....Ethnicity and Gender Data for School B.

Ethnicity	Female	Male	Total	% Of Total
Black British A/C	45	10	55	43%
Black Caribbean	3	2	5	4%
Black African	4	3	8	5%
Black other	1		1	1%
Mixed race	6	1	7	3%
White British	22	20	42	33%
White Irish	0	0	0	0%
White other	0	0	0	0%
British Asian	7	3	10	8%
British Chinese	2	3	5	3%
Grand Total	89	40	129	100%

The above data identifies this school as having a majority of students from BME backgrounds. This is not an unusual pattern for schools in inner city urban areas of the UK. The pattern is similar for School C as the data later shows.

School C .Demography

This school has a capacity of 1000 students and serves a very large inner city community of children with a high percentage of BME students. Having been previously identified as failing, the school was put in special measures. The former head was forced to resign and a new one appointed. In an effort to 'turn the school around' the new administration works very closely with local higher education providers and businesses. They are invited to participate in activities which help to engage the children to focus on their future in the Labor market. Their mission statement emphasizes their focus on 'community' and it is from this basis that it encourages a partnership approach with local businesses.

Arrangements are made for mentorship of the students by local volunteers from higher education and business sectors, which aim to offer guidance for career choices. The school also links local students to careers conferences where participation by the students is encouraged. Conferences provide an opportunity to meet with students from other local schools and those who plan to go into higher education. It is held in a local university, which gives the students the chance to not only have a look around, but to meet with staff and learn about qualifications by sampling 'tasters' of courses. The effectiveness of this approach has not been evaluated and based on the findings from the survey, it is not clear if the goals are being achieved. Similar to school B, there has been no formal or informal evaluation of initiatives to expose young people to careers on offer.

Data for School C.

For this school, the number of responses was 157 with a response rate of 78.5%

Table 8. Ethnicity and Gender Data- School 'C'

Ethnicity	Female	Male	Total	% of total
Black British A/C	40	14	54	34%
Black Caribbean	10	7	17	11%
Black African	8	4	12	8%
Black other	1	1	2	1%
Mixed race	10	4	14	8%
White British	34	11	45	29%
White Irish	2	1	3	2%
White other	1	1	2	2%
British Asian	4	2	6	3%
British Chinese	1	1	2	2%
Total	107	50	157	100%

Both schools were chosen because of their similarities in terms of demographic details, as demonstrated in the above profiles.

Findings from all schools' Survey, Based on Research Questions.

Findings from the survey were used to provide descriptive statistical data which informed the presenting characteristics of the children and young people who responded to the questionnaire. The survey also generated qualitative data from comments made by participants in all three schools. The main purpose for collecting the data was to draw comparisons where appropriate, to the findings which were generated from the interview data. The research questions to be addressed by both the survey and interviews are repeated once more, for ease of access, as follows:

- What do BBAC children and young people think and know, about nursing as a career?
- What careers advice do young BBAC receive about nursing as a career?
- Do parental or family/community influences contribute to low or non-participation in nursing as a career?
- Are BBAC people actively discouraging their children from choosing nursing as a career as a consequence of their forbears' negative experiences in the NHS?
- What are the experiences of BBAC people, as student nurses and employees of the NHS?
- What are the possible implications of low participation for nursing practice specifically, and for the development of nursing into a highly specialist profession, serving a diverse population generally?

The use of descriptive statistical analysis for the survey was justified by its role in informing the questions raised above relating to children and young people who are still at school (Pollit & Beck, 2010 , Bryman, 2008).

In line with the research questions, findings were as follows:

Careers Advice in school.

The children in school A were all given careers advice by the school, but not specific to nursing. This was done in two ways, firstly by inviting in Black African Caribbean professionals from a range of professions to speak to all the children. Secondly, individual children who expressed an interest in a particular career were given bespoke guidance as appropriate. This school was therefore actively instrumental in shaping the children's choices of careers.

In school B, 78% of all students responded that they had not been given any advice about nursing.

In school C, 88% of all students also stated that they had never been given any advice about careers in nursing.

Image and Knowledge of Nursing.

In school A, seven boys who participated in the survey said nursing was a career for girls. In school B, 90% of all boys agreed, but for black boys, this was 100%, the same as for Asian boys. 80% of black British African Caribbean boys chose football as their first career choice, compared to 70% of white boys.

In school C, 80% of all boys also said nursing was a career for girls. For black boys, this was 90%, compared to 70% of white boys and 100% Asian boys.

In school A, 23 out of 30 students who responded said that nursing is a great career. In school B, 98% of students agreed, citing a number of factors such as:

Rewarding job, caring for others, good pay, service to people and society. The remaining 2% who did not agree identified factors such as long unsocial hours, low pay, a dislike of blood and having to wear uniforms as reasons why they were not keen on nursing as a likeable career.

In school C, 92% of students identified nursing as a great career, citing similar reasons as school B for why they think so. The remaining 8% who did not agree and also cited similar reasons to schools A and B as to why they were not keen.

When asked to identify their knowledge about nursing, all respondents from school A said nurses were carers and stated that this was a good thing to be. 98% of students in School B also said looking after people was the job of a nurse. The remaining 2% stated that in addition to being carers nurses also manage hospitals and wards and teach others.

In school C, 90% of students identified the job of a nurse as looking after sick people, while 10% said that they also manage wards, hospitals and teach. All responding students had some basic knowledge of what a career in nursing meant, however there were clear gaps in the knowledge of the

majority, who had no awareness about career pathways and progression routes in nursing.

Choice of Nursing for a Career

In school A, twelve out of 30 respondents said they would not choose nursing as a career, of this number, eight were boys who said that it is a good career for girls but not for boys.

In school B, 60% of all responding students stated that they would not choose nursing as a career. For Black students who responded, it was 40%.

In school C, it was 51% of all students, and 49% of black students. Reasons given were similar to responses from Schools A & B, and included the following:

Table 9.

Reasons given by students who said ‘no’ to choice of nursing as a career. (Schools A, B & C)

It is too stressful a job.
Dislikes blood and needles
Hours are too long.
This is a tough job.
No interest in a low status job.
Don't want to work nights
It would not suit me.
Low pay and long hours.
Poor career progression
Don't like wearing uniforms.
It is a vocation from God but not for me.
I have other dreams
I don't like needles
I can do better
I think I can make more of my life.
I am too selfish.
I am squeamish and get too emotionally attached
I'd rather have more authority
I am not confident with sick people
It is not a career for boys
Operations are gruesome

Of the remaining students in all three schools who decided they would be happy to choose nursing as a career, the reasons given were as follows:

Table 10.

Reasons given by students who said ‘yes’ to choice of nursing as a career. (Schools A, B & C)

It is a caring vocation
It is helping other people
It is a good job
I like helping others
It is a rewarding job.
The pay is good
I enjoy caring for others
I want to help people.
There is good career progression
There are lots of different things to do as a nurse.
It is what I want to do. It is good to help people.
I looked after my mum when she was sick and realized I can care for others.
I would like to work in A& E where there is a lot of action.
Service to others and good pay.

The Interview Stage – Biographies.

All respondents invited themselves to participate after contacting the researcher. Consequently, respondents’ theoretical relevance to the enquiry ensured their acceptance into the study (Pope, et al ,2002).

Interview participants chose their location for the recording of the interviews. Five interviews were conducted in participants homes, and the other two were done in the home of participants’ friends. Biographies are as follows:

Table: 11- Biographies of the interviewees. (Names are Pseudonyms)

Interview Participants	Age	Sex	Marital Status	Area of England	Status
1 (Jane)	29 yrs	female	divorced	North	Former student
2 (Mandy)	27 yrs	female	single	North	Former student
3 (Terry)	26 yrs	Male	single	South	Former

					Student
4 (Cindy)	30 yrs	female	single	Midlands	Former student
5 (Jenny)	28 yrs	female	Single	South	Former student
6 (Cheryl)	26 yrs	female	Single	Midlands	Former student
7 (Hannah)	29yrs	Female	Married	North	Former student

The Interview Schedule

The interview schedule (Appendix 8) was shaped and guided by the findings from the literature review, the aims of the study, the research questions and the survey questionnaire. Biographical details collected included information about gender, ethnic background, age, occupation and educational background in British schools and universities. Using the semi-structured interview guide, respondents were then asked to talk about their experiences of getting onto a program of nursing, careers guidance, and support at different stages of their education and on the program, the nursing curriculum, and culture sensitive care in clinical settings, experiences of working and learning in the NHS, nursing as a career including whether their parents actively discouraged them from choosing nursing as a career and whether they planned on actively discouraging their own children from becoming nurses and their views about the future.

The semi-structured format of the schedule was not intended to be restrictive, but to facilitate, guide and enable individual respondents to explain their perceptions of their world as they see it and hence contribute to the inclusion of new topic themes or subthemes, thus shaping the discourse from their own perceptions (Kvale & Brinkman, 2008). The same schedule was used for all seven interviews, however, each respondent had

the opportunity to add other areas they felt was important to them or to expand on any aspect of the schedule.

Interview Process.

Semi-structured interviews are conversations with a purpose (Bryman 2008) and within this perspective interviews were conducted in an atmosphere of informality where the conversation, rather than the schedule led the approach. Probing was used where necessary in order to enable respondents to explore at a deeper level and to clarify statements that were made. The researcher would prompt a respondent to help them remember events from the past that they had raised so they could provide further information about the event.

Table 12 identifies the total number of participants, length of interviews, gender and status. Interview respondents' names have been changed for confidentiality.

Table- 12.....Interview Participants- Timing and follow-up.

Respondent	Gender	Ethnicity	Age	status	Length of interview	Follow-up
1 Jane	Female	Black British	29	Former student	90 minutes	Yes
2 Mandy	Female	Black British	27	Former Student	90 mins.	yes
3 Terry	Male	Black British	26	Former student	90 minutes	yes
4 Cindy	Female	Black British	30	Former student	2 hrs.	yes
5 Cheryl	female	Black British	28	Former student	2 hrs	yes
6 Jenny	Female	Black British	26	Former Student	90 minutes	yes
7 Hannah	female	Black British	29	Former Student	2 hrs.	Yes.

Interviews: Biographic Details.

Jane (Interview 1)

Jane is a former undergraduate nursing student of a degree program, who currently works in public relations after recently gaining a first class honours degree in business studies.

Jane's parents are Jamaican immigrants. Her mother works as a nursing auxiliary and her dad is a bus driver. She was schooled in an inner city British school, passed her 11 plus, and gained a place at a prestigious grammar school. Jane's parents were very supportive of her decision to become a nurse. With ten O levels, seven of which were at grade A star and four A levels, she had the choice of careers. She decided to choose graduate nursing. She had no careers advice and cannot recall getting any at school, despite being in the grammar school sector.

'...My parents.....they just said I should do what I want to do.....so they said they would support me in whatever I do... All they want is for me to be happy.....I did my own research...there was no careers advice....'.

Jane, however decided to leave the degree program she was on when she was told by her white nursing degree tutor to move down to the nursing diploma level because she could not cope at degree level. She refused because she felt she had the skills to become a graduate nurse, so she chose to leave instead.

Jane invited herself in to participate in the research because she said she wanted her story to be heard.

While she enjoys her job, Jane misses nursing. She was just about to enter her third year when she was asked to leave.

'I guess I wanted to do nursing because I wanted to work with people in a caring way....like my mum, I suppose'.....I think my mum would have liked to become a qualified nurse'.....I will try to get back in one day....when I'm older..ha (laughs)..when it is an all graduate program.'

Mandy (Interview 2.)

Mandy worked in education as a careers advisor. Mandy's parents are from the Caribbean. Mandy took a place which was offered on a nursing educational diploma program (Dip/HE Nursing). Mandy is a graduate with an English Honours degree. Despite having a degree, Mandy was not offered a place on the nursing degree program.

'I didn't ask because I checked it out myself,..... I get the NHS bursary on the Diploma course..... but my white friend....we applied together and were interviewed the same day.....she said they kept telling her she should choose the degree.....but no one even asked me if I was interested....'

Mandy's mum was a nursing auxiliary, and is now retired. Although Mandy worked in education, she wanted to care for people.

'.....I have always wanted to be a nurse or midwife.....I like children and babies.....I still have the inclination that's why I changed careers.

Mandy's mum initially discouraged her from becoming a nurse when she was younger. However, when she realised how much Mandy wanted to become a nurse, she gave her blessing.

'My mum is now on ill health retirement from the NHS.....she was adamant that I should not go into nursing when I was younger....just wasn't having it... said she did not want to see me suffer like she did in the NHS.....But now she doesn't mind..... She just wants me to be happy..... says she did not realise how much I really wanted to become a nurse'. Now she says I should follow my heart.'

Mandy started her training to become a nurse with her mother's blessing. However she was asked to leave because they told her she could not cope with the academic work. She decided to challenge their decision and was suspended while investigations took place. Mandy took out disciplinary procedures against the university.

'Now I know what my mother meant....they just seem to struggle to see beyond my black face.....but I will fight...I have no plans to just walk away.....This is what I want to do....I have an English degree...and they gave me a place...they can't tell me I can't cope with academic work'

Mandy has since won her case against the university and was reinstated on the program. She plans to complete her nursing education and go into practice.

'I am not expecting an easy ride....my mum.....you know....erm...I can now see what my mum went through....I have no intention of being forced out..... I will make a career in nursing it's what I really want to do.'

Terry (Interview 3.)

Terry is a black British African Caribbean male with a degree in media studies and currently working in a media theatre. Terry was a former student nurse who had done 15 months of training before being discontinued from the nursing program. Terry's decision to enter nursing was on the advice of his mother.

'....my mother..... she's not a nurse..... tho she works in the health fieldlets say... she saw.....my instinct to care.....to care for others.....and turn it into something that I could turn into a career.'

Terry is missing nursing and would like to go back. However he is not sure if he would get back in, and has decided to wait until he is a bit older.

'...It's a good job...a nice job.....you are caring for other people.....there's no other job that could be more.....useful than that.....My mum...she thinks I should try now... to get back in.....but erm..... when I'm older.....I will try again to get in..... they haven't seen the last of me yet.'

Cindy (Interview four.)

Cindy is a black British woman with a Master's degree in business administration. Prior to gaining her degree in nursing/midwifery, Cindy worked in a bank.

Cindy was dismissed from the NHS and is now working in a part time non NHS job to earn some money. She is involved in a dispute with the trust and the university who she feels have discriminated against her. She has decided to fight their decision to dismiss her.

Cindy is desperate to get back into the NHS and to start working again in the job she loves and misses, despite having had to deal with a grievance procedure against the NHS, which she describes as very stressful.

'They have put me through hell'but I will keep fighting.....'
'I knew what I wanted to do....I love the profession....that's why I will fight.....I want to care for people.....I don't want to be a banker' (her previous job).

Cindy is determined to return to nursing in spite of her traumatic experiences, her dismissal and the subsequent difficult decision to take out a grievance procedure against her former employer and against the university.

'I know I am fighting to be able to practice in the future.....because they are trying to stop me from practicing.....but...none of it is fair....and my lawyer agrees.....'

Cindy has since won her case against the Trust and the university and has been re-instated in her job, and awarded compensation, but has since relocated to a new trust.

Jenny (Interview five)

Jenny is a Black British woman who has a social science degree which she gained prior to gaining a nursing/midwifery degree. Jenny was forced to go

on long term sick leave. She plans to eventually reduce her working hours to help her cope with the stress of working as a practitioner. She has no intention of giving up her job, but wants to carry on regardless of the problems she faces daily at work.

‘I have got to the point ...when I go back.....where I have just decided not to take on board the things they do to me.....If I was to take it on I would become a very unhappy person and life is just too short.’

Jenny is not very hopeful about the future of working relationships in the NHS between BME and white employees/employers.

‘I would like to think that we.....them and us...could all be one happy family...live and work together in harmony...but....it will never happen. .it just wont....’.

‘If you have got to work with them you will have to make a choice.....you keep your job and keep quiet...or you speak out and you are in hell at work. .so you have to choose.....’

Jenny remains unhappy with the state of things in the workplace and does not feel able to challenge any unfairness. She hopes to get back to work soon, however, as soon as her GP signs her off sick. Despite this, she advised her friend’s daughter to consider nursing as a career after she was turned down from her original choice.

‘...my friends daughter...she’s 18...this morning she was crying...I was over there with her mum and her.....she didn’t get the place she wanted at uni.....when she calmed down I said to her ‘Why don’t you try getting into nursing?... ..why shouldn’t she?? It’s a great profession...No matter what they put us through.....Anyway.... we need people to look after us when we get old....we should be able to have a choice of professional carer...or at least be reassured by their presence on the wards.....’

Here she expresses the views of another black service user in previous research by Philips (2012) where the participant asked how BME's can be expected to have confidence that their care needs are understood and can be provided if no member of staff looks like them. The question was asked because of the recognition of diminishing numbers of BME staff in the NHS.

Cheryl (Interview six)

Cheryl has recently qualified as a Registered Nurse, and is currently looking for work as a qualified practitioner. Cheryl was encouraged to undertake a nursing qualification by her grandmother, a retired Registered Nurse.

'My Nan kept spurring me on.....encouraging me when I got a place.....she was over the moon....she said 'you will make a great nurse...but she told me it wouldn't be easy... and it wasn't...trust me.... But my Nan... she said...'you just learn..... to cope... and build your career.....at the end of the day it does not have to be all about them'.....

Jennifer has since found a job as a qualified practitioner and begun her career in the NHS.

'I know it's not going to be easy....but my Nan...she still says to me.... You stay put....you just stay strong'...

Hannah (Interview seven)

Hannah is a black British woman who is a nurse/midwife.

Hannah was supported on her nursing education program by her mother who looked after her son while she was a student. Her mum worked as a nursing auxiliary in the NHS prior to retiring.

'my mum..... once I left school, she said something like...'...you have to find something to do'.... She was ready to support me in whatever my choice of career was.' When I chose nursing, she did not try to put me off.....just said you can do it...I will support you...'

Hannah was forced to go off sick because of stress, bullying and pressure of work, with lack of support from the organization. Hannah is upset, she feels she is being forced out of her job. However, she is still positive about nursing as a career and would recommend it to other black Britons.

‘It is easy for people to say don’t do nursing....it is too stressful... patients and white staff are so bigoted..... true...but... well... the whole society is like that in my view.....Racism in the society is well documented...the NHS is not going to escape it.....it’s not going anywhere fast....despite laws and whatever.....it’s a culture and it’s here to stay.....just like we are..... I think black British young people should just go for it and build their ...nursing....careers...just like any other career.’

Hannah is waiting to recover her health so that she can get back to work.

‘My mum...she just says...’you stay off until you are better’ then you go back and keep going’... she still gives me a lot of support...don’t know how I’d cope without her.....I don’t plan to let them force me to give up or leave the profession....I have a right just like them, but you wouldn’t think so....I like what I do...really enjoy my work...it’s the people...they are just determined to make your life difficult...over the pettiest things.....’

Hannah is committed to recovering and getting back to work, in spite of the personal challenges to her health that forced her to go off sick. She echoes experiences of bullying, racism and discrimination and the impact on the health and wellbeing of black and minority ethnic people in the NHS (Condcliffe, 2001, Ball & Pike, 2006). She expressed her love of nursing and her regrets about the attitudes of the people with whom she has to work. She also expressed her determination to get back to her job as soon as her health has recovered.

Interview Process

All seven interviews were audio-taped and carefully transcribed verbatim to capture all aspects of respondents’ feedback. Each audio was checked and

double checked to ensure correct statements were picked up in the transcriptions. All transcripts were returned to each participant to check for accuracy and to remove or make additions if they wished to do so. A follow up telephone call was also made to each participant to clarify details relating to any additional information. Follow up telephone lasted between thirty and forty five minutes. All interviews were analysed using content analysis.

Each interview transcript as a unit of analysis was initially read and re-read by the researcher in an attempt to become as familiar as possible with what participants were trying to say. This was done a number of times before the transcript was sent back to the participants for further comments. Categorizing and coding of the data commenced once the feedback had been received and telephone follow up had taken place with all participants. The purpose of waiting was to enable a clearer perspective which Tracey (2010) argues contributes to a richer understanding of each perspective.

Categorizing of the data was initially based on manifest content which included visible meanings of the sections of the text (Graneheim and Lundman (2003). For example, biographical data was extracted for each participant as manifest content giving details of names, age, marital status and school and university attendance. Further condensing of remaining text content was carried out to form subcategories within each category. Latent content analysis involved interpretations of underlying meanings with the subcategories leading to a process of condensation or shortening of the text but without losing the original meaning (Elo & Kyngis, 2008). Pulling out the themes from further latent analysis of the content helps to identify patterns of meanings that are recurrent throughout each interview. It is possible for a theme to have multiple interpretative meanings which can be linked across subcategories since they are not necessarily exclusive (Pollitt and Beck, 2010). The stages of data coding were based on the framework of

Graneheim and Lundman (2003) which was used to identify the main categories of the interviews. From the application of the coding, the following themes and subthemes emerged as the major focus of all seven interviews:

Theme A: Career Choice/Advice For Nursing

A1 = Personal Choice- Instinct to care.

A2 = Career guidance/school issues.

A3 = Parental responses to nursing as a career.

A4 = Recommending nursing as a career, despite issues.

Theme B: Support

B1 =Parental/family

B2 = Peers/friends

B3 = School

B4 = University/on program.

Theme C: Discrimination/Racism

C1 = Individual/Group

C2 = Institutional.

C3 = Curriculum Misrepresentation of BME's.

C4 = Subjective Stereotypical responses.

Theme D: Personal Resilience

D1 = Motivation and perseverance

D2 =. Challenging Individuals.

D3 = Determination

D4 = Challenging the System.

Data description and findings identified trends based on the original research questions. A detailed discussion of the findings from themes, subthemes and survey analysis is explored next.

Part 2 - Discussion of Findings.

This discussion will draw extensively on comments made by participants during interviews and from surveys done in all reported schools.

“Birth determines destiny and income”. (Toynbee, 2011)

The research identified a range of perceptions and experiences which face black British African Caribbean people during every stage of their attempts at choosing and participating in nursing as a career. It also highlighted the varied ways in which they were forced to maintain and sustain a strong and coherent construct and sense of themselves as individuals, with something valuable to offer the helping profession, their ‘instinct to care’ and willingness to go the extra mile in their pursuit of a career with which they actively choose to engage, despite tremendous obstacles and challenges and feeling totally unwanted during the process. Their experiences resonate with those of their forbears, including Mary Seacole, the black nurse of the Crimean war years (Robinson, 2004, Anionwu, 2005), and Black Caribbean nurses who have studied and practiced in the NHS as immigrants (RCN, 2007, Kramer, 2006). In addition, their comments about their experiences resonate with previous research which identifies the NHS as being a place where racism is still active, despite policies that are aimed at protecting workers (Race Relations Amendments Act, 2001, Equality Act, 2010).

Social Class

The continuing debate about the role of social class and its impact on school experiences at times appear to be a hidden aspect of influential factors in British society (Toynbee, 2011). This is especially true for black British African Caribbean children and young people who are the offspring of second and third generation migrant parents.

There ought to be an assumption that black British children and young adults could have expectations that are different from their parents and grandparents (Sewell 2010). Being British born and bred, there is an expectation of a better life and good educational outcomes. This however, is not necessarily the case, being mitigated by, among other factors the fact that their post Windrush migrant parents who arrived in the UK as invitees and supported the NHS from its early years, have lived in the most deprived parts of urban areas classified as 'working class' and hence socioeconomically disadvantaged (Black Report, 1980, Census, 2001, 2011). While it is the case that many have been able to move on from those early environments, moving away from the experiences of racism and discrimination does not automatically happen. Perceptions follow them in all sections of social life and even into education. It appears then, that regardless of achievement black people are always perceived to be at the bottom of the social classification, the underclass. Educational achievements or working status have not always made much difference to the way they are viewed socially (Gilborn, 2008, Adams & Pleck, 2010, Andrews, 2013).

The recent Great British Class Survey which looked at class in the UK (BBC, 2013) with its new identification of seven 'classes', is based on individuals' own perceptions and reporting of what class they perceive themselves to be. This replaces the earlier classification, which was based on the 'three main distinctions of upper, middle and working class (Townsend, 1992). The emergence of what is described in the survey as the 'service class' identifies those individuals in professional roles, who may or may not be in work, dependent on career stages. It is largely surmised and concluded by the BBC survey, that there has been an erosion of the importance of class in determining life chances. However, in Toynbee's view (2012) this is just Britain pretending that it has moved on and ignoring the fact that "birth determines ...destiny and income" even more so than it may have done over the past five decades.

Toynbee's observation in 2011, prior to the great British Class survey, was that 70% of individuals identified themselves as middle class or in work, making the remaining 30% the 'underclass' and distinctly omitting the upper class, since no-one was willing to openly classify themselves as such. Toynbee had no hesitation in asserting that those in professional jobs, including herself, were actually born to those jobs, and commented on the importance of recognising the role that 'luck' plays in the experiences of any others, who manage to break through into the professional world. This statement is, however contestable, since the majority of black British African Caribbean people would argue that their educational achievements are based on sheer hard work and resilience while having to face high levels of unfairness and discrimination and with minimal institutional support (Guishard-Pine, 2011). Toynbee's reference to the work of Cambridge neuro-scientist Usha Goswami supports the theory that even before a child gets into the school system, the class trajectory has been determined. This also supports the concept of sheer hard work and determination identified by Guishard-Pine, that others outside of that class trajectory have to display in order to succeed.

Within the context of early school experiences, Friere's (1972: 45) observation of the need for educators to have an awareness of education which could be used as an 'instrument of oppression', and yet holding the possibility of becoming 'an instrument of liberation' in the experiences of the poor cannot be ignored. Teacher perceptions of children of the poor, which is where the black child in the British school system is situated, therefore has the potential to either oppress or liberate. That this should be left purely as a matter of luck, as Ms Toynbee suggests, is a disconcerting factor. Yet, this may be precisely the case, especially in the experiences of black British African Caribbean people, which could be contextually situated within Friere's Observation. The lives of most children are defined

in their early school years by their contact with at least one teacher, who either inspired or condemned them. For example, perceptions of young black British African Caribbean boys in compulsory schooling have sometimes had a negative impact on their educational outcomes, based on teacher perceptions and expectations (Gilborn, 2008). The experience has the potential to either destroy that child's self esteem and any further achievement, or propel them on to be their best, and may indeed depend on the luck of the draw (Sewell, 2010). Children of the poor in compulsory schooling are sometimes ignored excluded and failed, while the children of the rich become 'teacher's pets' (Freire, 1972, School of Barbiana, (1970). Others argue however, that the social class factor has limits and does not always explain the gaps in educational attainment and ethnicity, as evidenced by the achievement of black girls against the odds (Strand, 2011, Stephens et al, 2012). It would appear that the factors which impact on educational attainment for the black child in British schools can be complex and interdependent, thus increasing the potential for their contribution to unequal treatment and failure in the education system, as the evidence would suggest (Gilborn & Gipps, 1996, Lynch & Baker, 2005, Gilborn, 2008, Sewell, 2010).

School Experiences and Parental Aspirations.

"Racism is out there...You can't afford to lay down and die". Sewell, 1997, p.3.

A private school of faith in an inner city deprived area brings with it social aspirations of black parents with the support of the church, with which a long standing relationship exists (Edge, 2004). Black parental ideals and dreams for their children have always reflected the recognition of a good education as the panacea for having better life outcomes in the UK (Reynolds, 2009). However, this was an aspiration which was brought with them from the Caribbean, and which was rarely if ever appreciated or

understood in the compulsory education system of the British primary school, or indeed in any other part of the education sector. Neither was class status a predictor of this aspiration (Gilborn and Gipps, 1996). Being dissatisfied with their children's low achievement levels in local state sector schools, mobilising for action was inevitable. Parental concerns are reflected in the literature which identifies continuous issues with achievement levels of black British African Caribbean children across the school sector, from primary through to secondary, further education (FE) and even higher education (HE) (Modood, 2004).

The seminal work of Coard (1977), whose observation that black children were being inappropriately assessed as sub-normal in schools, signalled the beginning of a contentious debate which still continues today. Some of the research has identified differences in achievement levels based on issues such as gender (Gilborn & Gipps (1996). However, a range of factors are now known to impact on the children's experiences in the schools system. Among these are included issues of race, ethnicity, negative stereotyping by teachers, leading to low expectations of black children. In addition poverty, socioeconomic status and social class as previously discussed, are also reported as contributing to the multifaceted intersectional aspects of the underachievement debate and the black child in the British school system (Rampton Committee, (1980), Swann Report, (1986), Sewell (1997, Gilborn, 2008).

Contextualising multiple oppressions – Intersectionality.

The application of the theoretical concept of intersectionality (McCall, 2005, Cranshaw, 1987,) to the debate on black children's achievement, and educational attainment generally for black Britons clearly resonates with the concept of the multiplicity of factors, which shape and influence their experiences overall. Some scholars have also argued for a recognition of the term 'racialisation', including institutional racialisation as a conceptual

debate, which they think allows a much more elaborative perspective of 'institutional racism' as postulated by MacPherson (1999, Phillips, 2012). The negative connotation of the term 'racism' for some is problematic, since everyone wishes to distance themselves from suggestions that their actions, individual or corporate are racist. This was given as one of the reasons for the early rejection of the MacPherson Report by the Metropolitan Police (Foster et al, 1996).

The justification for 'racialisation' lies in the recognition of varied factors of impact as a more meaningful way of understanding the experiences of black and minority individuals and communities (Rattansi, 2005).

Intersectionality recognises multiple levels of oppressive behaviours and tend to be dynamic in nature, changing over time, to impact on the lives of black and minority groups. The intersectional concept is based within the feminist domain, where the debate has focused on multiple oppressions from a gendered perspective (Hankivsky, 2012) and its direct relevance to the health outcomes in relation to black women, who constitute the majority of BME workers in the NHS and whose experiences of racism and discrimination are compounded by virtue of their racialised gendered status as women, black, and situated in low socioeconomic status.

In relation to educational attainment, intersectionality enables an understanding of how the actual impact of 'race', gender, ethnicity and poverty among others, is experienced over time by black children from early years at school and throughout various aspects of the life course, to higher education (HE) and eventually in the British workplace. The intersectional nature of the influences creates overlaps in the ways oppressive actions are felt by individuals throughout their lifespan (McCall, 2005). In this instance, from schools through to university and eventually into the workplace.

Black girls, for example, remain fairly high achievers during and after school (Modood, 2004, Gilborn, 2008) with a higher proportion than black boys entering university. However, despite their levels of success in the education system overall, from schools through to college and university their experiences of racism in education, the workplace and beyond, is no less reflected across the spectrum of employment and society generally, including the NHS (Davies, 1997, Elliot et al, 2002, Ball & Pike, 2006, RCN, 2007). Neither has it in any way contributed to a lessening of stereotypical assumptions about them as being less family oriented, too strong and obsessed with too much focus on a work ethic (Thompson, 2006, Mutari et al, 2003). It is furthermore considered by some that black women who go on to become achievers in British careers and education develop an ambivalence to the concept of being 'middle class' viewing this as not necessarily compatible with staying connected to the wider black community (Maylor and Williams, 2011). It is possible that the reasons for this lies within racialised and gendered experiences in their journey, resulting in disconnectedness from the systems in which they have to work and survive on a daily basis (Wright et al, 2007).

Some black parents who are members of the church may be perceived to be 'middle class' by others in their own environment, if they are in work and have been educational achievers. In the context of the recent great British class survey (2013) they are included in the 'service class' since they have to be in work to be able to afford their portion of the subsidised school fees which the school levies. Their motivation enabled the establishment of a local school in which they could be confident that all of their children would be treated fairly and be given the support they needed to achieve their full educational potential. Their original idea is not a new phenomenon, the early establishment of the black supplementary school came out of parental concerns about black children's experiences in the classroom (Mirza & Reay, 2000, Sewell 1997, Andrews, 2013). Those early concerns were mirrored by

the parents in this setting. Black parents consider education to be a major important factor that has the potential to move their children out of poverty and provide them with opportunities. ...”racism is out there.....you can’t afford to lay down and die.....Education is still an important tool. We can’t afford for our children to lose sight of this” (Sewell, 1997, p.3.)

The interesting aspect of the educational provision in School A, the pilot school, lies in its distinctiveness to the black community, some of whom would not normally be able to afford the fees required by private schools in the wider British context. They were further disadvantaged because they would also have no ‘insider’ information about possible subsidies or even scholarships that may enable them to consider the regular private sector as a possibility for their children’s education. As a faith school serving the Black community, and with fees being subsidised by the church, as many parents as possible were able to participate by sending their children to be educated there. Although the profile of parents included all those who were in employment, fees were only subsidised and not paid in full by the church, so parents who were not in work were further supported to enable them to access this unique opportunity. The class factor it could be argued, therefore, was overridden by the ‘faith’ and ‘community’ factors, which engaged individually with black families to enable their children the opportunity to participate in this unique educational experience. In this respect, these parents were able to overcome the obstacles of power and disadvantage in the compulsory school sector (Stephens & Gillies, 2011) giving their children the opportunity to engage with teachers who would ensure that they were not only treated fairly, but with respect, care and acceptance.

Within the setting of a school focusing on the needs of black children, parents were confident that teacher expectations would be high and would challenge their children to achieve their best. This is in contrast to the state

sector where the research has persistently and consistently identified low teacher expectations as a pervasive factor in the academic experiences of black children (Sewell, 1997, Gilborn, 2008). Parents are very aware of this and were determined to do everything possible to make a difference in their children's lives. The literature also consistently identifies the expectations of teachers as a major contributor to achievement of all children, as previously alluded to (Gilborn & Gipps, 1996, Andrews, 2013).

Although the main purpose of the pilot study was primarily to test the survey tool to ensure its relevance, it was none-the-less interesting to note the results from the survey on this group of Black British African Caribbean children in a private faith school. Observing the ethos of the school and its relaxed accepting approach towards the children and their parents was an insightful contribution to the development of the study. It is generally agreed that pilot studies are often under-utilized and rarely discussed in research (Sampson, 2004). However their capacity to be very useful as a guiding tool in terms of aiding a much clearer understanding of the role and enquiry is ignored at a loss to the research process (Marshall and Rossman (2006) a pertinent point for this research.

Careers Advice and school A – The Pilot School

The pilot survey identified a group of young Black British African Caribbean children and young people who were clear about their career aspirations and choices despite their ages of 10-11 years old. It was obvious that the ethos of the school as a focused place where black children can be confident in the support of their teachers was a positive driving factor in this school. Careers advice was an established part of the school's focus, from its inception. Unlike the experiences of students in the other two schools in the survey, these students were routinely exposed to black British African Caribbean professionals such as lawyers, doctors, architects and members of parliament among others. They were regularly invited in to

the school to talk to the children about traditional careers. The comment of Dr Stone, the chief executive of the education charity Brightside, (2012) that “careers advice....is crucial to social mobility”...is clearly one which resonates with this school, similar to the wider concepts of the private educational system in Britain. Advice is reinforced by the schools ethos and inclusion of parents in school life. However an interesting observation noted was that they had never before invited in a nurse to speak about careers in nursing. Essentially this school mirrored the behaviour of the traditional private paying sector education system, where the children of the rich are mainly schooled and socialised into an understanding of their place in leadership positions in society (Stephens & Gillies, 2011).

The obvious confidence of the children were particularly noted and clearly observable. During the assembly, attended by parents, teachers and children, and numbering approximately 500, they presented as articulate young people who spoke and interacted well above their age range. Their questions were focused, clear and intelligent. It should be noted that the survey was carried out before the assembly session. Children who participated in the survey formed part of this assembly and asked questions about progression in nursing and the likely length of time over which this would occur. They were curious to know more about professors and doctors of nursing, and what their role would involve on a day to day basis. They asked about graduate nursing programmes, access onto these programmes and how they would go about applying if they were interested. It was very clear from this meeting that the children and their parents were motivated and keen to find out as much as they could about career possibilities and progression in nursing. One wonders if this is a focus that would endear them to recruiters for nursing programmes, and a possible response would be no, since they may be considered to be far too ahead of themselves. Yet this would not necessarily be an unusual emphasis in a regular English private school environment.

It would have been interesting to find out whether career choices may have been affected by the careers session in the assembly, however constraints on the researcher's time and resources did not make a second pilot survey possible. The emphasis of the school in the promotion of traditional professions such as medicine, law and engineering as highly respected goals to which students should aspire has to be set against the general trend of perceptions of black young people in sports, music and the popular celebrity culture, which tends to be mainly media led (Williamson, 2005). Indeed, exposing the children to black professionals in these traditional professional roles ensured that they have 'role models' who they can look up to, and aspire to become like them, to be discussed later. It was reported to the researcher that the school does not invite black celebrity icons such as footballers or other sports stars and singers in to speak to the children. The researcher's diary had the comments of one parent as follows:

"The black community has lots of musicians, footballers, sports men and women and pop stars. We don't need anymore. We need our young people to go into the careers where we are in a minority. We don't have enough, if any black doctors, lawyers, pharmacists."

To further inspire and motivate the children, the school places photographs of black British achievers on corridor walls with brief biographic summaries detailing their achievements and position. This researcher noted that there was no such image of Mary Seacole, the Black nurse who is well known for her contribution to the Crimean war and was recently named as the most influential black person in the UK (Anionwu, 2005). Parents and the head admitted to having heard about Mary Seacole, but did not have a photograph of her for the school walls. When one was offered by the researcher it was accepted with enthusiasm and a promise to add it to the school's history curriculum. In this respect, it was clear that my role as a

researcher was having a direct influence on outcomes, however, all surveys were conducted before any participation in assemblies or any careers advice was offered to schools.

Knowledge of Nursing Career Pathways

“Nobody tells us these things”

An understanding about nursing, obviously based on media and older traditional concepts, was evident, with clearly a lack of knowledge about modern nursing roles and responsibilities in 21st century Britain, and how that progression may occur. However, careers advice was an established aspect of School A’s ethos, so it could be assumed that even though the decision to not invite nurses to provide careers advice and guidance sessions may have been made out of ignorance, negative assumptions may have been implied about nursing as a traditional career (Kramer, 2006). This is despite the well known contribution of black women to nursing in the UK and the fact that all participants in the survey admitted to knowing a family member who was a nurse. However, the genuine interest in finding out more and a surprise about the way the nursing profession had changed was evident, with many personal comments offered following the assembly. Diary entries for that day included the following parental comment:

“I didn’t know nursing was so advanced. ... I don’t mind what Jean (pseudonym) chooses to do for a career. I just want her to do whatever she is happy with, and have a career pathway’.

Also noted in school A was that at no time did parents, teachers or children enquire about factors relating to race or racism in the NHS, an interesting observation given the evidence from earlier studies about the impact of racism on the experiences of black nurses in the NHS (Baxter, 1987, Lee-

Cunin, 1989, Condcliffe, 2001, RCN, 2007, Dangerfield, 2013). This was not an area of concern that was raised perhaps because it may not be considered as unique to nursing careers, as evidenced by the comment of another parent: “Racism is out there.....”, but this did not appear to be a discussion that was felt to be relevant as part of careers advice. However, there may be a possibility that a focus on race and racism could hold the potential to better prepare young people for the realities of life in the world of HE and the NHS, especially given the fact that racism is not just an experience of nursing careers and the NHS, but of other careers too, such as medicine and the police service (Modhood, 2004, Esmail, 2001).

Lack of knowledge about career progression in nursing as identified by teachers, parents and children is possibly not just an issue for black parents only, given the finding of an almost total lack of nursing careers advice in schools (Cross, 1990, Nabi et al, 2005). Progression in nursing for example, leading to a nurse becoming a consultant nurse, a doctor of nursing or a professor of nursing is important careers information which is perhaps best provided directly by educational institutions, however this does not happen. It was clear that not a lot of effort was made by school A to find out about modern nursing careers, and this may possibly be based on covert subconscious issues, although these were not tested. Parents identified that even where family members were nurses, they did not know what processes were involved in actively progressing an academic career as a nurse. This may be due to the lack of support systems and internal networks which are not usually available for black nurses, despite the many initiatives which have been introduced over the last two decades in order to try and redress the problem (Elliot et al, 2002, RCN, 2005, DH,2009). Progress up the nursing careers ladder appear to be ‘insider information only’ apparently not readily shared with black nurses and perhaps account for those who contemplate leaving because of low job satisfaction due to racial harassment among other issues (Ball & Pike, 2006, Lewis & Gunn,

2007, RCN, 2007, Dangerfield, 2013). However, a distinct similarity with British private schools systems, that places emphasis on traditional careers, in well-established areas was observed (Stephen & Gillies, 2011) and would also support the adage that perhaps nursing may be considered to be a low status job in the black community (Hogg 2010) which is not fit for black young people to aspire to. However, the findings of this research did not support that notion.

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Role Modelling

Role modelling and mentoring in the private school discussed above is entirely informal, and no active effort is made to formalise the process. Its effectiveness in the socialisation process of children in the school is reflected in the career choices which they identified in the survey, with all choices reflected in the traditional professions, an observation that was not apparent in the survey of the two other schools in this research.

Role modelling, or mentoring, is not an uncommon feature in the education system or the world of work. Mentoring is now widely used in a variety of educational settings, including primary and secondary schools, and in many professions (Kenny, et al, 2003, Fletcher, 2011). Its main purpose is to motivate students and provide them with support with which they can identify. This role as observed in the pilot school was not a formal process, rather it was integrated in the whole ethos of the school environment with a largely informal approach.

Mentoring is traditionally used as a part of the clinical education of nurses, however, within that context, it is a formal approach where students do not normally have a choice of who becomes their mentor (Willis, 2012). The mentor chosen is usually based solely on their ability to provide clinical support for the development of nursing skills rather than any cultural role modelling, although cultural role modelling in nursing cannot be denied (Murray & Main, 2005). In this study, it is identified by the decisions made by those interviewees with a female parent who worked in the NHS. These

decisions may be subconscious, however they appear to serve as a powerful motivator for 'making good' failed parental aspirations.

The participants in the pilot study were clearly connected to their career goals, having distinct ideas about the careers they hoped to pursue in the future. Influences on their choices are obviously from the school's and parental ethos, rather than from direct parental advice. The expectations of school and parents are reflected in the fact that parents are prepared to pay even though this is heavily subsidised and the school arranges for regular engagement with black professionals, some of whom are in public life, to ensure that the children are actively aware of people from their community who are academic achievers and are active in public life. Hence, while role modelling in the school is entirely informal, its' influence on the choices that the young people make is obviously very powerful. This further reinforces the effect of the school environment as an important place in children's education and even more so in the education of black British African Caribbean children (Sewell, 2010). Nursing as a career was not reflected in the choices of these young people, and their parents and the school's head commented on their lack of knowledge or understanding of career progression in nursing having no awareness of any black nurses who are professors, consultants or who have acquired doctoral qualifications. Moreover they did not realise that these career pathways existed in nursing.

This researcher passed on information to the school's head teacher about black nurses who had established themselves as academic achievers in case they wished to invite some of them into the school to speak to the children. In an enquiry to the head, it emerged that as a faith based school he had been unable to identify anyone from that faith who were professors or doctors of nursing. He expressed the wish to only invite in members of their faith to talk to the children. He was also anxious to point out that they merely supported all the children with whatever career choices they make

and that they take great care to ensure that students understand that whatever they choose to do, it is within their power to achieve it. His final comment was as follows:

The self-esteem of the children is very high. This is an important commitment of this school environment.....Parents tell me that is what worries them about the state sector....black children are not respected and valued as having ability to achieve anything they want to. Here we aim to reverse that’.

This pilot study served its purpose by testing the questions for the survey and in addition, providing a clear insight into the private sector provision of an inner city faith school, serving the needs of a deprived neighborhood. It was relentless in its efforts to engage with parents, and showed full commitment to traditional career choices. It was actively engaged in mobilising parents to action in an environment of acceptance and inclusivity, and in so doing, ensured that the school gained a reputation of being among the highest achieving schools, ranking with the private sector, and enabling large numbers of black British African Caribbean children to gain access to the grammar school environment. Although this is an environment within which a modern nursing career would sit very comfortably, there is still some way to go to ensure that this career choice is included among professions for which formal advice is regularly delivered in this private school setting.

Survey issues – All Schools.

“It is a fine thing to be able to see beyond one’s own threshold, but we have to be sure that we ourselves haven’t chased a child away from it” (Letter to a Teacher, 1970).

As anticipated, all schools had a majority of students from BME backgrounds, with the majority of black children being black British African Caribbean. The issues overall are similar in each of the schools surveyed. Here a comparison is made with school A (the pilot school) and the other two schools, under the same themes, as follows:

- Careers advice
- Career choices
- Knowledge of nursing career pathways
- Image of nursing

Careers Advice

The issue of the relevance of careers advice is one which has been debated over many years (Cross, et al 1990, DFES, 2010, Stone, 2012)

The connexions services set up by the Labor Government, were expected to work closely with schools to ensure that there was an integrated approach to careers advice for all children. Respondents from schools B & C in this survey identified that they received little or no careers advice relating to careers in nursing, indicating a failure of the service to meet its expected outcomes. This is similar to school A, where there was also no specific careers advice with regards to nursing, although general advice is actively provided. More recently, Milliband, in his 'University challenge report' (2012) advances the view that universities need to play a greater role in increasing and ensuring that students acquire skills that will help them in their attempts to become more employable. This is a shift in emphasis, from schools to HE, and indicates a failure of established careers services to deliver the advice needed by children and young people. The resultant high levels of unemployment among young people aged 17-25 (DFES 2012) now presents as a crisis in an era of austerity and recession when jobs are difficult to find, even for qualified young people.

Career Choices

Over 90% of boys in all schools identified a career in nursing as a 'job for girls'. Among black boys it was over 80% and is an interesting finding given that although the numbers of men in nursing continue to be fairly low, it is still considered to be a suitable career for some men who manage to progress quite easily up the career management ladder in nursing and in some cases faster than their female counterparts who outnumber them. This, however does not apply to black men, as their status in terms of career progression in nursing is fairly similar to black women. Black men tend to be concentrated in those areas of nursing such as mental health and learning disability, which are not always considered to be the most attractive fields (Henry, 2005). It was clear that a lack of careers advice would continue to keep boys ignorant of the possibilities of careers in nursing. Black Caribbean boys, in particular already are at the bottom of the achievement tables across the sector, (Modhood, 2004, Sewell, 1997), and without active intervention which already takes place in some environments (Chevannes, 2000,) they will continue to be reflected negatively in careers in nursing. However, there is a history of black African men who have participated in the fields of mental health and learning disability nursing, and some have been able to build strong healthy careers (Henry, 2008).

Knowledge of Nursing

Stone (2012) argued that without careers advice, social mobility is not possible because the knowledge of what is available is absent. Across all schools, 12% of students admitted that nurses can become managers but did not seem to be clear about career pathways in nursing. Furthermore, no student appeared to know about the possibilities of career development over and above working on a ward environment, the role of the ward sister being the highest one that was recognised by the participants.

When giving reasons why they would not choose nursing, students were very clear about those negative aspects of the profession, which perhaps tend to be more often given a media focus. Their responses showed a distinct lack of knowledge about career progression in nursing. For example long working hours, low pay and stressful job emerged as areas of dislike. They were followed by comments about 'vocation' which some stated they were not cut out to do, adding that they were 'too selfish', and implying that nursing is a career which requires selfless commitment. Additionally, others commented ; " I can make more of my life" showing a lack of understanding of career pathways for modern nursing. Similarly, those citing poor career progression also implied that information about nursing as a career has not been provided except from popular media and community, and lacked important detail. The majority of Black British African Caribbean young people, mainly girls identified nursing as a 'caring' profession, which helps other people, hence making it a 'good' 'rewarding' job, with different things to do. The identification of 'service to others' as a positive feature of nursing as a career indicates that there are strengths that could be built on if a structured approach to advice about careers in nursing was provided for all young people (Torgesson et al, 2008, Johansson et al, 2006).

Image of Nursing

Media image tends to consist of negative stories in the press about poor care (DH, 2009, 2013). Media soap operas also continue to show that nurses are still being perceived in roles as the doctor's handmaiden, taking orders, having no authority and doing as they are told, or just being glamorous and not being taken seriously (Williams, 2005, Reynolds, 2009). This further feeds into persistent stereotypes about the subservient role of the nurse as just doing as s/he is told, continuing to reflect negatively the role of the nurse in the 21st century.

Making a career choice for nursing may be negatively influenced by these images by all young people, especially where careers advice is not given, or is not consistent. Stone (2012) suggests that a collaborative approach is required by schools, employers and other interested stakeholders if consistent careers advice is to be guaranteed. While this is true for all careers, it is especially relevant for careers in nursing, which still suffers from old hierarchical images which may not always be helpful. They could contribute to damaging the prospects of increasing recruitment among all young people (RCN, 2007).

There is no awareness of career pathways, and where this is discussed in the press, the controversy is also usually about nurses who are 'too posh to wash' (BBC, 2010), with some arguments postulating that a degree route for nurses is not appropriate. However, the Willis Report (2012), rejects this, adding that caring with compassion will not be affected by the move to an all graduate profession. In addition, the recent Francis Report, (2013) which condemned poor care at Staffordshire hospital, did not comment negatively on the recent introduction of a full graduate entry program. However, it made recommendations about nurses spending at least a year learning basic care before embarking on a career as a nurse. This implies a lack of understanding by Francis about current nursing curriculum, which already makes allowances for nurses to spend 50% of all training in clinical practice (Council Of Deans, 2013, Nursing and Midwifery Council, 2013). The RCN (2013) in its criticism of the recommendation, refers to it as a decision, which is not realistic and will not last longer than a year before it will have to be phased out. However, the current education minister continues to demonstrate his lack of understanding of the educational requirements, choosing to apparently expect nurses to become fully responsible for the problems of Staffordshire Hospital, and ignoring the many other factors which had an impact on the issues (BBC, 2013). In a recent RCN survey of its membership, 65 percent of those surveyed

identified that they were actively discouraged from raising concerns about patient care in hospitals despite making several attempts to do so (RCN, 2013). The problem of repercussions for nurses who choose to whistle-blow seems to be an issue which the minister for health did not acknowledge, however the Francis Report (2013) has tried to address this in its recommendations. The full impact of this report on the NHS and on the education of nurses remains to be seen. Recent moves by the Government to re-introduce a higher nursing apprenticeship so soon after the introduction of a fully graduate curriculum in nursing is one which has left education providers puzzled as they try to envisage the possible outcomes from this move and its long term implications for the profession (Council Of Deans, 2014).

To summarise, it has already been identified that there is a distinct lack of careers advice in schools, and this tends to reflect negatively for choices for careers in nursing. Connexions services, set up by the previous Labor Government to redress this gap, has failed to deliver, evidenced by the large numbers of young people who are unemployed and lack qualifications and skills for work (DfES,2003). The failure of the careers advice system has prompted the current coalition Government of the Liberal Democratic and the Conservative Parties to hand over this responsibility to the higher education sector where the emphasis is now on employability skills which have to be prioritised by all sectors including HE (Miliband, 2012).

A systematic and structured approach to careers advice, should include enthusiastic exposure to all possibilities for all young people, but specifically for young people in compulsory schooling (Cross et al, 1990, Nabi et al, 2005, Stone 2012). The current gaps in knowledge relating to nursing careers indicate that this has not been the case for the majority of children and young people. This will continue to affect participation levels generally, and specifically among Black British African Caribbean young people.

Moreover, continuing negative perceptions of nursing careers among all young people will only ever be reversed by a fully integrated service in which all stakeholders participate. Until this has happened, there will continue to be major gaps in the knowledge of children, parents and schools, resulting in the failure to acknowledge the possibilities and varied progression pathways of nursing as a viable 21st century career. As Stone (2012:1) observes for all careers; “ a coherent and forceful response “ now needs to replace mere lip service that has been given to this important issue.

Issues from Interview findings

On the basis of the original research questions, and with the application of deductive qualitative content analysis (QCA) as previously identified (Graneheim & Lundman, 2004, Krippendorf, 2011), four main themes emerged from this phase, having direct links and comparisons to the other two phases. These are identified and will be discussed below. (See fig. 2 Themes and subthemes).

Theme A- Career Advice/Choice For Nursing. (Individual/Personal factor)

“ Its like being drawn to something...not knowing why”

A1. Personal choice - Instinct to care. -

Participants were clear in their desire to care for and help others, regardless of the personal costs. This observation resonates with the decisions made by the most famous Black Nurse, Mary Seacole (1857: 126). Seacole, in her autobiography, relentlessly attempted to be accepted to go to the Crimea, choosing eventually to make her own way there, using her personal funds to do so. She commented as follows:

“I was so conscious of the unselfish motives which induced me.....so certain of the service I could render among the sick....yet I found it so difficult to convince others of this fact”.

Similarly, once a decision was made to pursue a career in nursing, by the interviewees, it became a strong and enduring commitment. Each participant recognised a variety of forces that may have influenced their choices. For example, interviewee number one commented on wanting to follow in her mother’s footsteps and perhaps achieve what her mother was unable to because of having children and with no adequate support to pursue her dream of becoming a qualified nursing practitioner.

‘my mum.....she was a nursing auxiliary ...she would have liked to become qualified, but she had us... my brother and me. And that was that.’

Mary Seacole herself was known to have further commented in 1857 on her commitment to go to the Crimea as “judicious decisiveness” (P.123) She refused to allow the negative attitudes of the war office personnel and others to detract from what she wanted to do, which was to use her skills to care for the sick and wounded. She had assumed that once they had been aware of her skills, experiences and enthusiasm, they would be happy and eager to accept her services. However this was not to be the case. The comments of one interviewee after hearing about Seacole was as follows:

“I read about Mary Seacole...I was shocked...that she was treated just like we are....with no respect..... but this is the 21st century and still nothing changes”.

The possibility of subconscious role modelling taking place between interview participants and their parents is a clear feature of decision making, although this was not always directly alluded to. Although they

mentioned their parents, they stressed that their choice of nursing as a career was personal, and had not been actively discouraged by their parents. In most cases, where some participants may have been aware of negative factors that could affect their choice, they did not allow these factors to discourage them from choosing to enter the profession. One Interviewee commented on her mother's awful experience of the NHS, as follows:

“My mum... she really suffered....she used to come home... from work in tears.. my brother and I....we saw it all....the racism...”

However this was not a deterrent for her, and after realising her daughter's determination to join the caring profession, her mother eventually advised her to be happy and pursue her dream. Earlier research findings identified negative factors as having a major impact on career choices in nursing (Baxter, 1987, Lee-Cunin, 1989). These findings show that participants were driven by their own personal desire to enter the profession, and they did not allow any possible negative perceptions from close family or the community to affect their decision. Another interviewee commented:

‘I wanted to do nursing because I wanted to work with people in a caring way...like my mum, I suppose... but it was my personal decision.....’

Other interviewees also commented on their yearning to care for others, and their wish to turn this into a career, as encouraged by their parents:

‘I had this yearning.... .. to care for others... and...to go into the NHS... my mum... she noticed this and told me... you will make a good nurse’

Motivation for choosing nursing as a career was also provided by the positive experiences of being cared for by a black nurse in the NHS. This is a further indicator of the positive influence of other nurses who serve the

NHS. Rather than being discouraged, one interviewee felt inspired to do something similar.

'The black nurse who looked after me while I was in hospital was so helpful and caring...I wanted to do something similar.'

When correlated with responses to the survey, career decisions to enter nursing were mainly being driven by service to others, and the need to help other people, (Table 10) as positive reasons for choosing nursing as a career. As previously stated, participants did not appear to allow any negative influences to distract them from their choice once their decision had been made. Participants' responses indicate a commitment to doing something worthwhile, caring for and helping other people. These were important core values which underpinned their mind set and drove their desire to become a part of the caring profession. The recent Francis report (2013) stated that people should be recruited to the profession who possess the right 'values, attitudes and behaviour, ability and motivation to enable them to put the welfare of others above their own interests' (p.1516).

The findings in this study clearly indicate that BBAC people who join the profession do so because of their desire to care, even where their own negative experiences as nursing students and or as qualified clinical practitioners prevented or hindered their progress in the achievement of the goal of becoming a professional carer. This is consistent with findings from other studies, which identified Black nurses as achievers in clinical practice despite having to grapple with 'an onslaught of discrimination' (Baxter, 1987: 8.), and racism in the NHS (Beishon et al, 1998, Chevannes, 2001, Dharyal, et al, 2007, Harrison, 2004, Ball & Pike, 2006). Participants are clearly not immune to the understanding of the need for compassionate and caring values which are needed to practice as a qualified nurse, commenting on the lack of compassion shown to them both in the educational and the clinical setting:

“...I thought I was joining a caring profession.....but the way they behaved... You know... not valuing me as a person...looking for my faults to try and trip me up... refusing to recognise when I did something well.....”

“There is a total lack of compassion in... the way they behave towards you as a black person.....you know... totally unkind... yet they are supposed to be carers.....”

Understanding the value of caring in the nursing profession is still an ongoing debate, set within the value base of individuals and tending to be recognised as not being compatible with the scientific base and knowledge required to practice effectively as a nurse (Johansson, et al, 2006). This questions whether caring is an art or a science, and the extent to which it is learned or acquired or whether it is innate (Jasmine, 2009). The argument that caring as a skill can be learned and hence ought to be a part of the educational experience of all nurses is perhaps supported by the responses of the participants, since it questions the ethical implications and ability to practice effectively if one is unable to recognise the value of diversity and act in appropriate ways to show this awareness (Watson, 2001, Jackson & Irwin, 2011).

A2- Career Guidance/School issues. (Institutional Factor)

“The teachers.....they were just going through the motions...”

The issue of careers advice and guidance has emerged as a continuing factor in careers choices for young people. The extent to which this is effective is still open to debate. Unemployment among young people aged 18-25 is still very high (DfE, 2011) and in an economic recession, even where they have managed to get degrees, they are unable to find employment. The current

emphasis of 'employability skills', leading to a qualification rather than just undertaking studies for the sake of studying (Milliband, 2012) have driven present changes in HE provision. It serves as a testament to the failure of careers service in schools and Further Education (FE) (Stone, 2012).

From the evidence gathered in this research, careers advice in schools appears at best patchy and inconsistent, and at worst, non-existent. Certainly in the case of nursing, any careers advice is only offered, in rare cases, when a student, with only very basic or no knowledge at all, still chooses the profession, perhaps because of having a family or community member acting as a 'subconscious role model', of which neither are aware. However unlike some of the other professions, such as teaching, no systematic careers guidance is provided, Hence young people's understanding and knowledge of nursing lacks details such as career progression as a nurse and the intricacies of modern nursing in the 21st century as opposed to the archaic perceptions of the nurse as the 'doctors handmaiden' or someone who has to take orders and do as they are told which appeared to be a factor in the responses of some young people who identified that they did not wish to choose nursing as a career.

'I'm sure I can do better than that' was the observation of one young person from the schools survey, but she also went on to state that nursing is indeed an ok career, but just not for her. Where a participant had decided on nursing as a career, the response of the careers teacher was noted as not being very helpful.

'yes, there was a careers teacher, a white lady...but...erm...she did not.....tell us anything.....she asked me....what do you want to do? And I said I want to be a nurse ...she muttered...oh well, that should be ok then.....and erm.. there was no discussion about my options or what else was available....or even what I could achieve in my career as a nurse'

She further commented on the differential treatment given to her white friend, who like her wanted to become a nurse.

My white friend...you know... we both wanted to do nursing.... we both got the same number of GCSE's and the same A levels, so.....she told me the white lady called her in to the office and advised her that with such good subjects she should choose medicine, and gave her all the details to apply..... with me... she never mentioned anything...just said ok.....you want to do nursing... that's ok then....'

This is not an unusual problem faced by students across the educational sector. This student faced a similar problem on the nursing program, when she was advised to leave or go down to a diploma program, while her white male friend was given options such as the ability to withdraw from the program and return after a period of rest. The differential treatment continues to be a persistent factor in the way black students are offered guidance and help (Modhood, 2004).

Interviewee number two was also not given any careers advice at school.

'The school...they did not give any advice about what I wanted to do when I leave school...it was my mum... you know... she was the one...she was the person that drove my education in every way....she thought it was important that I should achieve my full potential....'

The same was true for interviewee number three, who was never offered any advice at school about future careers.

'Teachers at my school never mentioned careers...it was my mother...she kept saying....you have a very caring nature...you should try and get into nursing...my mother... I suppose she knows me better than anyone.....At school you are just another black face... They ...have no interest... So my

mother...she said I should try for a career in nursing...and I decided to listen.'

This is another example of a black parent, who, although not a nurse, had actively encouraged a child to enter nursing as a profession. As a parent there would have been some knowledge about issues such as racism and discrimination faced by black Caribbean people in the NHS and elsewhere. Not only does the media regularly carry stories (Guardian, 1998, 2006) but being a member of the black community would also expose this parent and others to issues of racism and discrimination suffered by others from the community (DH, 2005). However, these did not deter this mother from encouraging her son to try and enter the profession. Instead she concentrated on her own assessment of her child's 'instinct to care' as her son describes it, and encouraged him to choose a profession accordingly. This finding varies from previous observations that Black young people are deterred by their parents from entering nursing as a profession because of the experiences of racism suffered by members of their families and communities (Baxter, 1987, Lee-Cunin, 1989). Instead there is active encouragement to join the profession, and despite being eventually thrown off the program, this young man has not given up but hopes to eventually try again to enter the profession:

'I hope to try again when I am older.. and a little wiser ha ha (laughs). I wont give up, and my mum agrees with me. When I am a little older, say around 35, I will go back. By then I should be ready to cope with whatever they throw at me.'

The general indifference of school teachers to the careers advice needs of black children is further illustrated in the comments of another interviewee:

'Everyone was just doing their jobs (the teachers) and couldn't care less about us.....There was a lot of us...black kids.....and..erm... they were just going through the motions.....erm...I suppose they did not expect any of us to get very far....so....if they were interested in us I don't recall it...it was a sort of a sink school... you know what I mean.....'

While the lack of careers advice is noted, participants also identified a general disinterest by teachers, as observed by the interviewee. This would concur with the observation from the literature which identifies teacher expectations of black children as being low, with a lack of interest in, and engagement with any career choices they may have (Sewell, 1997, Gilborn, 2008, Andrews, 2013). Coard, (1971) and the Swann Report (1986) echoed the powerful psychological impact of the negative stereotypical myth, which positions the black child as having inferior intellectual skills and subsequently feeding into the creation and maintenance of the black child as being of low intelligence. It is interesting that many decades on classroom teacher expectations still echo these observations which were made so long ago. The experiences of other interviewees is not dissimilar. Careers advice was left again, to parents and family sometimes by default where their own knowledge and understanding of the system was not very strong:

'For me..... my mother... she was not really bothered about my career choice..... there was no pressure, except that I would not be allowed to sit at home and do nothing.....so she did not really know about careers.. you know.. as such... she just said chose something... and I will support you.....'

Parents and family were perhaps mainly advising from a strong work ethic rather than any inside knowledge about careers generally or specifically. This lack of knowledge compares to the findings of the pilot and survey phases of this research. The lack of careers advice in schools, however,

shows a major failure of the schools system, appearing to have an inconsistent approach to the way careers advice is provided and offered to young people (Milliband, 2012). It is also obvious that in some schools, this advice is absent, which clearly disadvantages all young people, especially where they happen to be in schools which serve inner city and by default poor populations.

In the case of grammar schools, it appears that careers advice may not always be provided without differential treatment despite the obvious skills and achievement of Black children and young people, as evidenced by the experiences of interviewee number one whose white friend, also from the same inner city deprived area, was called in and told that her exceptional grades will get her into medicine. However interviewee number one was not offered that advice despite both of them saying they were interested in becoming nurses. This covert form of discrimination in relation to careers advice, is rarely, if ever picked up by any systems or processes in or outside of schools or institutions. However, the experiences of BME's who were systematically excluded from undertaking medical training at St Georges hospital in London (Esmail 2001) demonstrated that subtle and covert selection processes are just as effective when applied individually as they can be from an institutional perspective.

Institutional racism was identified as far back as 1968 by Black American activists who initially coined the term and defined it as social conventions which were ingrained and embedded in institutional systems and mitigated against blacks without white individuals always being aware or setting out to discriminate necessarily (Phillips, 2012). Thus the manifestation could be recognised from individual or institutional perspectives. Others have identified it as a pervasive feature which impacts on the lived experiences of BME groups across all sectors in UK life (Henry, 2007). In particular the Macpherson Report (1999) used the term to implicate the Metropolitan

Police's attitudes and responses following the racially motivated death of Stephen Lawrence over fifteen years ago in London, while also implying similarly for all institutions. Although some have questioned its overall usefulness by suggesting a shift in emphasis to 'racialisation' (Rattansi, 2005) It is however, the case that over fifteen years on, it is still an important benchmark for raising questions about experiences, especially of Black British African Caribbean people in the education system, including in Higher Education (HE) and the challenges for them as students in terms of the way selection processes work to exclude them even though they apply in fairly large numbers to join the HE system (Modood, 1997, 2004).

Black students usually strive towards becoming as integrated as possible. All interviewees identified themselves as having white friends with whom they shared a common identity by virtue of being from the same deprived area, however the school effect still transmits a dominant culture of racial hierarchy which underpins the way it treats black children and young people (Modood, 2004). This may or may not always be overt, and may only be identifiable by black students as the recipients of differential treatment (Carter, 2006). In the majority of cases, this is rarely if ever noticed by their white friends and peers. There is a popular Jamaican proverb which was put to song by the late Bob Marley the iconic Jamaican singer/songwriter and international superstar which is as follows: *'only he who feels it knows it'*.... This proverb is regularly referred to by members of the black community when they are unable to express their distress to others. It was an interesting observation which was also noted in the comments of one participant reflected as follows:

... 'I can't even discuss what's going on with my white friends...you know... they just don't understand' ...only he who feels it knows it'

The phrase sums up the inability of black students and workers to make white friends, peers and colleagues understand differential treatment meted out to them at school, college, university or in the workplace.

The persistent lower levels of acceptance, higher levels of attrition, and lower levels of achievement especially in HE still requires a lot of further research and exploration, as it does in nursing education (Grainger, 2006).

A3. Parental responses to nursing as a career. (Community Based/Social/Parental/Family.)

“I will support you”.

From the findings of this research, parental responses and support for a nursing career has stood out as a distinctive feature across all the data in a number of ways. In the absence of careers advice in schools, parental role modelling as previously discussed played a major role in the choice of nursing as a career even though this may be a subconscious response and in direct contrast to the notion that Black British African Caribbean young people have been put off by the experiences of their family members and members of their community (Lee-Cunin, 1989). Instead, their resolve was strengthened even where a family member had only worked as a nursing assistant or was unable to complete their training to become a qualified nurse. Interviewee number one made it quite clear that she wanted to do something she thought her mother wanted to do, if she had been given the opportunity.

‘I think my mum would have liked to become a qualified nurses....erm.... it was a popular job for black women.... She came up from Jamaica to train...said she was recruited in Kingston.....she got on a training course.....but she had us.. me and my brother....it wasn’t possible to do both...erm...to raise us and do all those unsocial hours in training...there was no one to support her.. you know.....’

So, this interviewee got positive affirmation from her parents, in particular her mum, who worked in the NHS as a nursing assistant (now referred to as

health care assistant (HCA) and did not allow her experiences to negatively influence her daughter's choice of nursing as a career.

....."My mum... she never really had it easy you know.... Working as HCA... she had to put up with a lot of crap.....she just said...you got ten O levels and four A levels...you want to do nursing...make sure it's a nursing degree....That's the only time my mum said not a diploma....."

Contrary to other research findings, she was not discouraged by her parents, though her mother worked in a hospital. She was till assured of parental support for her career choice.

'mum said....your grades are good, so you should do well on the degree you know....go for the degree, you should be fine....'

Although this participant felt she was forced to discontinue on the program, she was still committed to eventually going back into the profession, and stated that this was unfinished business to which she plans to eventually return.

'I was really hoping...looking forward to being in the helping profession... and make my mum proud ...and.....well... who knows....one day...erm.... You never know do you?...anything is possible....I may end up there in the future.....erm..I'm still young really....' My mum keeps telling me I can still follow my dream..ha.. ha (laughs) We'll see.....watch this space ha ha"
(laughs.)

Similar findings were identified with other participants, who articulated their parental responses as positive for their choice of nursing as a career. Where there may have been some initial reluctance in the case of one participant (interviewee two) her mother eventually encouraged her to do

whatever made her happy and to follow her heart. This participant has had to deal with a number of challenging issues throughout her time on the program, however she was prepared to continue fighting to remain in the profession, despite having the ability to work elsewhere, by virtue of having a degree in English.

A4- Recommending nursing as a career. (Individual/personal factor)

“It is .. a good profession...that’s why I’m still fighting”.

In terms of encouraging their own children or others to enter the nursing profession, all participants were clear that this is something they would do. While they have had to deal with many challenging issues throughout their experiences as students and/or qualified clinical practitioners, they all felt that nursing as a career is an intelligent choice, which they would not discourage their children from pursuing. However, there were certain conditions attached for all, which alluded to their observations that much more parental support is necessary to help with coping strategies for success.

‘If I have any, ha ha.(laughs) I will make sure they do what they want.....I wouldn’t stop my child from doing nursing.....but... I would not let them go anywhere where they would become isolated.....you know... the only black on a nursing course.....mind you... things are changing all the time..... From my experience...I would be vigilant for them.....more than my mum and dad were’.....but erm..they didn’t know the system’.

Here this participant expressed that her own parents could have done more to intervene with the university and support her when she was on program and expressed that they did not know how the system worked. Whether or not black parents have the skills or the knowledge to be able to

do this would be open to question. In addition, there is the issue of the reaction and responses of lecturers if parents try to intervene on behalf of their children. Parental intervention was a common factor in this researchers experience as a nursing educator. Diaries kept throughout this research identified examples of white parents who would regularly call in on their children's behalf, to enquire about their progress, or to check on the results of assessments and tests, when their children were feeling apprehensive to check themselves. Indeed, this was common not only for this researcher, but it was observed as a common occurrence for all tutors, who would simply provide the information requested without question. However, in the case of a later participant in this project, when his mother tried to intervene on his behalf, she was told that he was a man and should call in himself and take responsibility for his education. While it could be agreed that this is an appropriate response, it is still the case that white nursing tutors regularly interact with white parents, so the response to this black parent is differential perhaps subconsciously so. In the absence of any clear guidelines regarding what is appropriate responses to parents, tutors will always be able to choose whether they wish to respond or not to queries from parents on their children's behalf, without having to be accountable. The participant above continued:

'... to make sure that they have all the support they can get to help them deal with the issues.....but I wouldn't stop them... just be clear they know the reality...but I would do that for any subject they choose... I would try and make sure they go somewhere where they stand a chance of being with others of their kind and are not as isolated as I was.'

The impact of being the only black person in a cohort of students undertaking a graduate nursing program was obviously one which resonated with this participant. For her, what was important was ensuring that her children did not become as isolated as she was. Having supportive

peers with whom she could relate from an ethnic perspective was a key missing factor for her while she was on the program. Ethnic density, or being a member of a cohort of similar black students, may have the potential to enable students to have appropriate peer support that could help to prevent crisis situations such as suicidal attempts (Neeleman et al, 2001). Yet being the only black student in some subject specialisms is a very common feature for many students.

The extent to which it is possible for students to experience having good numbers of other black students around in an educational environment, could depend on the regional base of the chosen educational institution. For example, if the university is in or very near to large inner cities, there is a possibility that black students may be able to find supportive peers from their own ethnic group, even if they are the only black student on their cohort. However, this participant was articulating that she would actively ensure that her child is not the only black person in a cohort, by helping them to choose educational centres where the likelihood of other black students on the program would be very high. This could be the case in some large cities, however, on older graduate nursing programmes, black participants were always very few. It is likely that with the introduction of the full graduate nursing program which was launched in 2012 (DH, 2012a) this issue may be a less likely phenomena, if black British acceptance rates on programmes of nursing education improve, but this remains to be investigated.

Other interviewees were also strongly adamant that they would not actively discourage their children from choosing a career in nursing

I would expect my daughter to achieve her full potential...so...I would encourage her to do and be her best and not to let them bully her into doing

or being second best. I would expect her to become the best she can be in the profession’.

This participant was clear that as a parent, it was also her responsibility to ensure that if her child chooses nursing as a career, that they would be appropriately informed and knowledgeable prior to joining a program of studies. Her comment about possible bullying identified her own awareness of challenges that would lie ahead and of her commitment to ensuring that any decision to join the profession would be given full support at all times. Support was a regular feature of all interviewees, which highlighted its importance in their own experiences, and their determination to ensure that their own children would get even more than they did from their parents, if they chose nursing as a career.

In spite of the negative experiences of the participant below, it was clear that their view of nursing as a good career had not been affected by the poor experiences, which actually resulted in them being thrown off the program of nursing studies. This is an interesting affirmation given the poor outcome, which was felt to be unfair.

‘for nursing...I think it is important that all blacks should consider it as a good career...I would definitely recommend it and give my full support...helping people,.... it’s the best and noblest thing anyone can do...’

The link to vocation and service to others is also clear in this response, as it was in the schools surveys which identified the still common idea that choosing the helping profession is a worthwhile and rewarding career choice.

‘Nursing, I think it is still a good profession, that’s why I am still fighting....I would not discourage my child from entering it... its about

wanting to care for people..... Not just sit at an office desk all day... what's so wrong with that?.'

This reiterated a commitment to carry on fighting to regain her right to remain as a practitioner, and despite feeling unfairly treated, she was adamant that if her own child chooses it as a career, she would give her full support. Again, the idea of caring for others rather than doing something mundane in an office, is a strong feature of the response.

The next interviewee also identified her willingness to encourage others into nursing as a career, completely independent of the negative experiences that she had to cope with as a student of nursing.

'My friends daughter....I said to her, why don't you go into nursing?'

This participant faced many challenges in the workplace, and did not hold out much hope for more improved working relationships between blacks and whites in the nursing workplace in the future. However, she felt it was important that black young people consider nursing as a career. She followed up her comment by saying:

"I'd like to think that when I get old there will be a black face that I can depend on to provide my care.... Make sure my hair needs are met... my spiritual needs....my diet....my skin care.... Who is going to do all that if we don't have black Caribbean people in the profession?"

Some argue that teaching culturally sensitive care should be a part of mainstream nursing curriculum (Holland & Hogg, 2010). While this participant agrees, however she further commented that:

“A white person will never know how to properly look after my hair and skin....no matter how much you teach them...anyway... who is going to teach them? They don’t have that many...if any black tutors.....and if they do...they can’t teach those things....not in the curriculum... if they really want to teach cultural sensitivity, there has to be cultural inclusion....you know.... Train more of us and support us...not harass us when we just want to do our jobs well...”

Culturally sensitive care is widely discussed in the literature, and does form part of most nursing curricula (Holland & Hogg, 2010, Papadopolus et al 2004). Its meaning is not always clearly understood and may sometimes be confusing or misleading. Although ethnic factors which affect health and disease processes of BME individuals and communities is also more widely recognised (Beevers et al, 1997, Serrant-Green, 2002, Edge, 2013), some argue that the emphasis is not always appropriate nor readily recognised in nursing responses to the care of BME’s in a positive way, which runs the risk of further marginalising individuals who become known by virtue of a disease process, rather than as an individual (Holland & Hogg, 2010).

For the next interviewee, encouraging a child to choose nursing as a career is heavily dependent on her own recognition of the need to make sure the child is well informed and properly briefed about the profession.

‘well...if they came to me and said they were interested in nursing as a career...to be honest with you.. I’d send them to my nan....ha ha Laughs)...my nan.. she is the best advert for the NHS you know.....”

This response recognises the role played by this participant’s grandmother, a retired registered nurse, in helping her to make a decision for a nursing career. Her grandmother’s support was crucial in not only choosing her career, but also helping her to cope with practical things such as her child

care needs while she studied. Previous research (Baxter, 1987, Lee-Cunin, 1989) identified that black parents may not wish to encourage their children to choose a nursing career because of their negative experiences in the NHS. However, this participant was very clear about the encouragement she received and its main source.

“seriously though....they would be very privileged ..they would have insider information...I would see to it that they are properly informed so they know what they are choosing. And at least...by the time they are ready, nursing will have become an all graduate profession....but more importantly, white attitudes towards us will hopefully have improved with a bit of luck”.

The mention of a graduate profession also indicates an awareness that they would at least acquire a degree, since the profession changing to all graduate status in 2012 (Willis, 2012).

She continued to comment on making sure that her child(ren) should they choose nursing would be alert to what they are taking on, identifying an awareness of a career in nursing as a challenge, perhaps based on her own experiences as a student. Whether or not attitudes will have improved will obviously be an issue for future researchers, however, with the present evidence showing that very little has changed over two decades, this remains an area where similar future studies will remain as an important way forward in keeping the discourse alive and continuing to explore Black British experiences in careers in nursing.

“.....I’m here to stay..... so they have to deal with it.....”

This comment above by one interviewee is indicative of her claim to a British identity and the continuing presence of diversity which underpins life in the UK. This is particularly relevant for Black British African Caribbean people who remain as visible minorities despite being second or

third generation Britons, desperate to be given a fairer opportunity, without continued bias. The comment is a timely reminder of this fact, which makes the issue of active inclusivity in nursing education and clinical practice a very important one that cannot be ignored.

“.....I know for sure I would not put them off or discourage them...I would just make very sure they understand what they are letting themselves in for.....but isn't that true for any profession?.....no matter what they choose, they will have to be prepared for the racist gatekeepers in the professions.....’

This participant is expressing a recognition of the need to consider nursing as another mainstream career. When asked to expand on this comment, she explained that black British African Caribbean people need survival skills in any UK education sector and any career.

“It doesn't matter what you choose..... you are black... you know....that is the first thing they see.....so ..erm..... you will need help to survive it and succeed... It doesn't matter that you were born here... you speak like them...behave like them...makes no difference....only he who feels it knows it and you can't talk to whites because they don't understand.”

The interviewee below concurred with the above comments, agreeing without being aware of others' comments, that although nursing as a career can be stressful this is not just a feature of the profession but of the whole social structure and its treatment of black people as visible minorities in the society.

‘I would definitely recommend nursing as a very good career... It is easy for people to say nursing is stressful and patients and staff are bigoted, that's true.... But... the whole society is like that in my view...Racism is everywhere and in every career.....so I would say to black

young people go for it... build your career.....treat it like any other career'...there are opportunities in nursing..'

Choosing nursing as a career is influenced by institutional, community/social and personal factors, as evidenced by comments and feedback from the participants. But their own perceptions of their choice of nursing as a personal choice and instinct to care are still linked to the notion of vocation, which has always been a feature of nursing. However it may have been seen as disadvantaging the profession and resulting in the long history of low pay in the profession, because policy makers depended on the goodwill and caring instincts of those who chose nursing as a career. For example, nurses going on strike in order to gain a better pay award, is still frowned upon by the public, and is not a choice which is always readily made by individual nurses. In spite of persistent low remunerations, which 'Agenda for change' attempted to redress (DH,2009b), striking for better pay contradicts the values of those in the profession and provides a political advantage which is used by policymakers to win public support if striking is ever suggested or recommended by professional unions (RCN, 2008).

Changes in pay structures over the years have almost equalised nurses' pay with others in the public sector, although they still lag behind somewhat. New career developments and role enhancements such as specialist practitioners, nurse consultants and modern matrons, among others, now make nursing an attractive option financially (NHS, 2012). Moreover where it lags behind in financial remunerations, it provides high levels of satisfaction and a very wide and varied choice of available career options which means that a nurse can move into different roles without having to leave the profession (NHS 2012). Despite the economic issues which face the country and is reflected globally, a career in nursing is still very much a career for life because of the opportunities which are possible (DH, 2012). However recent issues which have been highlighted by reports such as the

Francis report (DH, 2013) receive media coverage which could have a negative impact on the image of nursing. This is not just a problem for recruitment from BME communities, but also for the rest of mainstream society, and for the retention of qualified nurses in the NHS who have been leaving the profession in large numbers (Health Services Journal (HSJ) (2013).

BBAC participants who end up in the profession as students/practitioners identified wanting to work with, and help others in preference to sitting at a desk all day. Their choice is not usually based on any careers advice provided in the school environment, where this seems to be inconsistent or absent. Parental response for their choice of nursing is usually positive and supportive, with families and parents encouraging and affirming their choice to follow their heart and whatever makes them happy. Despite many challenging issues throughout their experiences which have culminated in some being forced to leave the profession, they are all clearly committed to the value of caring for others and hope to re-join the profession eventually.

Theme B: Support (Community Factor)

Support emerged as a major factor from the interviewees, who all identified this as an important aspect throughout their experiences while at school, during their decision making for career choice, while studying on a nursing program and as a qualified practitioner in clinical practice. The role of support in enabling them to make appropriate career choices and to progress successfully provides a major link to successfully navigate educational institutions and the NHS workplace.

It was clear that without support at a variety of levels, participants were severely disadvantaged, especially while on a program of study. Support was also a major contributor in sustaining resilience, which will be discussed later. The literature identifies a lack of support for Black students in HE and in trying to find employment for those who successfully

finish their degrees, and also for blacks in the workplace (Blander & Machin, 2004). Furthermore, the NHS workplace has consistently emerged as being a place where BME's experience racist actions from colleagues and patients (CRE, 2005, Ball & Pike, 2006, RCN, 2007, Giga et al, 2008). Being unable to access support in the form of parental emotional, moral, financial technical, school and university support with a culturally sensitive approach forms a key barrier to a successful HE outcome for black students, not just here in the UK, but also in the USA (Loftin, et al, (2012). Some may interpret this as excessive handholding, which is not considered to be appropriate if the aim is to develop strong coping abilities. This was the experience of one interviewee whose mother telephoned the university on his behalf and was told he should do this himself.

“They said they would call me back and I waited...I did not want to disturb them, they are busy people... then when I didn't hear...I tried to call them but no luck...you know...no one returned my calls....So my mum in desperation called them for me... and got through..The lady told her.. he is a man.. let him call for himself...”

This parent is perhaps not a typical black parent, as the majority may not choose to approach the HE environment on a child's behalf, simply because they may not feel they have the skills to do so. However many white parents regularly intervene on their children's behalf in the HE sector. Certainly within nursing education the researcher, as an educator of nurses, has diary details as recipient of and witness to many telephone calls from parents calling because their children were scared to face possible bad news if they thought they had not done very well in an examination or other assessment. There was never any discussion overheard about any inappropriateness by parents in doing this. However, here was a black parent being told that her action was inappropriate, another example of

possible differential treatment applied. This parent, who was a professional did not feel able to do any more.

B1- Parental/family support

Despite the example discussed above, all interviewees still identified the importance of their parental and family support starting from their experiences at school through to decision making about nursing as a career choice, as nursing students in HE and eventual practitioners, for those who successfully completed.

One participant described parental support and encouragement provided throughout the whole of her schooling, even though her mother's working schedule in the NHS meant this was very difficult.

'Mum had to do night duty butshe paid a black lady to help me and my brother with my maths and other subjects....'

It was also interesting that this parent felt that the school system was so unsupportive in as much as having to warn her child not to tell the teachers at school that they were having extra lessons. Yet this is not an uncommon addition which many white parents regularly pay extra to make available for their children. Again, the reaction of teachers did not go unnoticed by parents and their children, as this participant comments:

'Mum told us not to tell the teachers about the lady who was helping us.....Said they would say that she is confusing us...but one day the.... teacher noticed how well we were doing and asked ..Who is helping you with the work?? I did not answer him.....pretended I didn't hear.....'

As a student nurse, this participant chose to attend a university near her home so she could stay close to her parents. Having easy access to their continued support was an important factor in her choice.

'I did not want to be too far away from my parents... so I chose somewhere close by...still had to travel.. but it was close enough for me to go home at weekends'.....

As the only black student in her degree cohort, she felt isolated and alone. This was not an expectation she had anticipated and it came as a shock to her. This made getting back to her parents at weekends all the more imperative, for emotional support.

'...It was great going off to uni....but I got a shock really....when I went to classes for the first time.....there were fifteen of us on this degree program and erm..I was the only black student on it.....'

The comments of the above participant reinforced the issue of the impact of ethnic density on personal experiences and of its potential to provide support with the ability to cope in education, or in the workplace. Ethnic density is described as an asset which enables support that promotes health, wellbeing and encourages coping strategies that help to act as a buffer against racism and discrimination (Becares, 2009, Dash-Munshi, et al, 2012). However, the image of urban conurbations with high numbers of BME people is considered problematic because of the possibilities of high poverty levels and of being stigmatised as having a larger criminal tendency. As a result people are usually willing to move away from the stigma of such communities, even where theirs may not be typical of the negative social construct (Jurcik, et al, 2013). Ethnic density is therefore problematic for white people, who move away from those environments as soon as they are able to afford to do so. While it may be positive for black people, they are also stigmatised by the perceptions which come from living in such an environment. Additionally, ethnic density in an educational setting also identifies an institution with lower level qualifications, and as

such, they are not the places that white people may wish to educate their children. This presents a problem for black British African Caribbean people who may be better supported in areas of higher ethnic density, but if they wish to become progressive, this usually means having to move out of those areas into more middle class environments where ethnic density is much less obvious. So although Munshi et al (2012) identify positive effects on mental health, there are other issues which also come into play when considering the overall effects of living in communities with high ethnic density. However, its potential to provide support cannot be denied, as the above participant identified. Support was also identified by the participant below, but from family experiences:

‘My mum.... said, ok, follow your heart...she was the one who made sure I was supported in my educational choices..’

This participant was initially discouraged by her mother from doing nursing, immediately after leaving school, however, as soon as she was given her mother’s blessing later on she changed careers and went into nursing.

“It is something I have always wanted to do.... if my mum had allowed me to do this straight from school, I would have been an established professional nurse by now”

Although she was aware of the difficulties her mother was having while working in the NHS, this did not in any way deter this participant from what she wanted to do. Below is one of the many comments she made about her mum’s experiences of night duty in the NHS:

“There was...a lot of moaning....the dissatisfaction, we... I heard it first hand...it didn’t do my mum any favours...my mum was not allowed to

achieve her full potential and never got to qualify.....they..... were blatantly racist”.

She also expressed the impact of her mother’s shift working patterns on their family life, noting the distress it brought to her and her brother’s experiences and life outcomes.

“We never saw her on a Christmas morning for 17 years.....she worked the split shifts that they did those days...it had an impact on me and my brother’s development”.

However her mother still gave her support when she decided to change careers for nursing, after observing her keen interest to enter the profession. At no time did her mother’s experiences bring about a change of mind. Again, this finding is in contrast to earlier findings (Baxter, 1987) which identify that children who observe their parents and families suffering in the NHS are not interested in joining the profession. It would appear that instead, this made them much more determined to pursue their dream and work hard to succeed. There is clearly an underlying subconscious drive which the participants concerned are not aware of although they have increasingly articulated the observation that their mum, where she was a healthcare assistant in the NHS, would have liked to become a qualified nurse, hence their own desire to succeed as a nurse and make them proud.

*“We had to deal with so many tough issues at home when my mum worked in the NHS.....hmm...(pause obviously very upset).....But I still had this yearning to go into nursing.....
....now I struggle with some of those same issues.....my mum says she is not surprised.....”*

For Interviewee number four, the experience of parental support was also mainly from his mother.

“My mum...she knows me more than anyone else I suppose.....she saw my instinct to care.....”

This, however did not always work in the participants best interest, as he was to recall what happened when his mother tried to contact the university on his behalf, something which is done quite routinely by the parents of many white children, (Diary entry), she was told off by the lecturer who told her he should make the call himself. He had, however tried calling and was getting no response. His mum called on his behalf because he was distressed that he could not get a response when his white friend had been contacted and offered a re-sit opportunity. As a young black British African Caribbean male, already scarce in HE (Sewell, 1997, Shiner & Modood, 2004) it is perhaps not surprising that he felt intimidated by the environment and did not feel able to assert himself in the circumstance.

.....“They promised they would call me back, so I waited..... I did not want to bother them... they are busy people, I could see that.....but my white friend... you know... a girl, she told me they called her and offered her an option..... I did try to call but got nowhere, so my mom just kept calling for me until she got someone....”

Interviewee number four also received initial support from her family through a very difficult period of training and trying to work to establish a career in the NHS. She was suspended then dismissed from her job, then decided to challenge their decision by getting help from a lawyer. This resulted in a long dispute which she eventually won and was reinstated in her job. Throughout the process, parental and family support were key factors in helping her to keep going when things got tough, and to make the

enormous decision to formally challenge the system. Her experience of bullying and harassment reflects previous research of discrimination, racism and bullying in the NHS (Ball & Pike, 2006, Lewis & Gunn, 2007).

“I don’t know what I would do without my family and my mum.....It’s been hell... the things they put me through...but my family support has been strong.”

For another interviewee, the support from her family included her grandmother who was a retired nurse. Her support was instrumental in helping this participant to choose the profession and supporting her by providing her with child care help while she was a student.

“My Nan...she would say....you can do it.... don’t worry about them and their racist ways.....it is not all about them you know.... you will make a very good nurse”

Interviewee number seven also noted the support of her mother in helping her achieve her goals: She had to move away from her hometown, her family and had to leave her child behind.

“My mum...she just said..... I will support you...she looked after my son while I was a student...It would not have been possible without her...”
She noted the challenges of being on the course and the effects it had on her.

“I was reluctant to move away from my mum and my son... but I had no choice.....I missed them so much...soon as I got a couple of days off I went home.....but...it was tough....it took its toll on me mentally and physically”

Another participant also commented on the parental and family support she received identifying them as the main reason why she was able to cope.

“My family... they were my mainstay....No way would I have coped without them... My mum... you know.. she didn’t know much about careers... so she couldn’t advise me... but she just said... do what you want.. we are here”

B2- Peers and Friends (Social support)

It was clear from the interviewees that having the support of their peers and friends was crucial both at school, in university and as a practitioner. Where this was weak, for example when some students were the only black person in a cohort, the challenges were more marked. This support was stronger in the primary school environment, where there was a marked ethnic density, however, for those who got places in grammar schools, they also tended to be isolated. Many participants however had friends who were white in those settings, but felt that teachers at times applied differential treatment which tended to weaken the links with white students who were from their neighbourhood and had also won places in the grammar school setting.

“My white friend...we both got the same number of O and A levels, you know, she got four A levels and so did I. We decided we wanted to go to study nursing together...”

“the teacher... she said you want to do nursing...ok then. But my friend got called to the office and the teacher told her.. you don’t have to do nursing ..you can do medicine with those good grades.....It’s like...she was trying to split us up”.

For another participant, peer support was useful in helping her to maintain good study skills. She was able to meet up with her black friend under the watchful eye of one or the other of their mothers, who shared the costs of a black tutor to help them with their work.

“ We would meet at my house or my friends....our mums paid a black lady to give us extra help with our homework”

This support had positive outcomes for them both, as they were able to achieve outstanding grades in all subjects.

“ My friend and I...we worked really hard... and... this lady... you know the black lady... she was really good.....in the end we got really good grades and our mums were over the moon.”

This reliance on extra-curricular lessons is not uncommon among white middle classes, who regularly pay for extra tuition for their children. It is not something, however that all black parents were able to afford, given their socioeconomic status, and clubbing together as commented on above, was often one way of coping with the extra costs. Supplementary schooling in the black community is widely documented and was and still is a regular feature provided by the voluntary sector and by many black churches at nominal costs or for free (Gillborn & Gipps 1996, Mirza, 2003, Andrews, 2013). This social and community support has always featured as an important helping factor to the achievement of black children and still perhaps represent black parents lack of confidence with the British schools system and its potential to deliver negative outcomes for their children.

B3- Schools, university and support. (Institutional factor).

Participants identified very weak or absent support from schools, even given the fact they would be considered as motivated children who consistently worked hard and did well. The school responses to them as black students appeared to reflect longstanding stereotypical perceptions about their ability, despite evidence which identifies some of them as outperforming, namely girls (Gilborn, 2008). This does not go unnoticed by black children at school as this participant commented:

“.....The teachers were not interested in us at all.....there was a lot of us...black children.....and...well... teachers were just going through the motions..... it was a sort of a sink school.... you know what I mean...they did not expect us to get very far really...so....everyone was just doing their jobs....couldn't care less about us....”

The evidence about low teacher expectations and its impact on the achievement of BBAC children and young people is previously identified in the literature and discussed earlier (Gilborn, 2008). It is articulated by the above interviewee, who showed clear awareness of negative teacher attitudes towards black children in the school, and its impact on their perceptions. It was clear that BBAC children felt marginalised as the comment below shows:

“Despite my best efforts.....nothing I did at school seemed right.....the teachers...they had no interest in us black kids...didn't want to hear anything we had to say.....kept telling us we were too loud....I just kept trying to do my best... but it was tough.....my self-esteem was always being knocked back...no matter how much you try.....”

These perceptions continue to feed into low expectations of the black child, regardless of how well or how badly they may be performing in the schools system (Sewell, 2010). The erosion to self-esteem was a continuous and pervasive factor in school life experiences. This was also mentioned by the head teacher of school A, who stated that the aim of his school was to redress this issue with low self-esteem, among black children, which the parents reported to him. Another participant commented:

“At school, I never considered myself suitable for anything...teachers...they did not bother with us black kids really....”

...didn't expect anything but the worse...you know....so...you can try hard...but in school there was no one to encourage you. ...”

Some parents still refused to believe that the school would discriminate, and tended to believe what teachers told them, if anything, about their children's behaviour and achievement in school. This is reflective of the way parents behaved in the Caribbean, where the teacher always had the last word and parents trusted them totally both with the children's learning and discipline (Gilborn, 2008). This was reflected in the feedback from a participant as follows:

'My mum... well, she was from the old school... you know....she thought teachers know best... that's the old Caribbean way I hear... parents trust teachers in the Caribbean..... so I was on my own really against white teachers.....but to be fair to my mum....she did not really know or understand the system you know....she trusted them'

B4-University/On program support. (Institutional factor)

Support, or the lack of it in this case, remained a recurring issue for participants in HE. Its absence was a factor, which led to the attrition of some of them, and to continuous challenges for all, throughout their educational and clinical experiences as students and practitioners. Yet all HE environments have structured support systems in place to support all students, so the question which needs exploring is why these support systems are apparently not as successful for black students. There is clearly much more at play either overtly or covertly, which has direct impact on retention and attrition for black students (Grainger, 2006). One participant commented as follows:

“I was really shocked....getting to uni...and being the only black student on the degree programI thought... .. that I would see other black British students...you know...but I was alone in a group of fifteen doing the degree....I did not expect to be so isolated... all the lecturers were white... and.... Erm.. my personal tutor, ..he was a white man....took a dislike to me from day one... picking on me...for no reason....and he was my personal tutor....”.

She clearly did not expect to be isolated, expressing concerns about this and its effect on her, and about the attitude of the lecturer who had been allocated as her personal tutor. The student's perception that being the only black person on this degree was problematic for her is an issue which is considered in the literature. Ethnic density implies that having similar members of one's group in close proximity has the potential of enhancing coping skills and may have a positive impact on mental health (Bhugra & Arya, 2005). The extent to which this is could be effective is perhaps dependent on individual's own perceptions, since it is likely that there have been many other examples of black students being the only one in their cohort in many HE institutions across the country. The evidence is yet to emerge about the full effects of this on their mental health and coping strategies. However Picket & Wilkinson, (2008) argue that there are advantages of ethnic density in health care outcomes. Others contend that there are likely to be other factors at play, which contribute to the way BME individuals navigate their way around health and education systems where they are clearly minorities in more than one sense of the word (Stanislas, 2010). Ethnic density could perhaps become a contributory positive factor for some BME students in HE, but this needs to be further explored and researched, especially in the context of earlier discussion where high density of BME students in some institutions may be related to the quality of educational outcomes and the type of institution, and may not be perceived by white people to be providing high quality education if there

are large numbers of black students. The same is equally true where people live in environments where there are large numbers of BME people. As previously discussed, these are not considered to be the best places to live, as they tend to be in large cities in deprived areas where poverty and crime are common. For this student, however, it is clear that she was deeply negatively affected by being isolated.

When asked what she did about the situation, this was her response:

“..It was hard....I tried to get support elsewhere...not easy... you can't be seen to complain..... You know if you ever go to anybody to complain that's your career done....just like mine was, and I did complain...big mistake”.

Being close enough to home meant that she could get support from her mum, family and community. She was unable to resolve the situation on her program, although she made efforts to take action. Leaving the nursing program at the time and going on to achieve a first class honours degree in business was considered to be her best options at the time., in the context of her mother's observation.

“My mum... she would say.... You have Biology...Maths...English at A level... what's going on?? Don't let them tell you what you can or cannot do... but I was on my own there and it was too much for me to deal with alone.”

The effects of isolation on her experience made her determined that she would become a much more proactive parent than her own parents were while she was at university, as she commented:

“...I would make sure my child does not go somewhere where they would be the only black person on a program.....I would not discourage them from choosing nursing... but I would help them choose a university with a good mix”.

The role of support is discussed widely in the literature (Carter, 2006, Loftin et al, 2012) and emerged as a key feature supporting coping strategies of black children, young people and adults throughout the education system at school, at university while studying to be a nurse, and as qualified practitioners working and trying to establish a career. The support came in a variety of forms and could be emotional, physical, social and financial. Emotional support emerged as important in reinforcing the abilities of participants.

Handholding was not implied, although some argue whether student support is really necessary or merely self-indulgence (Lea & Farbus, 2000). However, support as identified in this research enabled black students to keep focused, make decisions about their career, persevere with their studies despite the multiplicity of issues, and black adults needed this in their efforts to build a career after qualifying, in the face of challenging circumstances and continuous risks to their practice.

Theme C. – Discrimination and Racism (Institutional/Individual Factor)

“.....racism is everywhere... and in every career.....”

The Equality Act (2010) aims to promote an inclusive society where everyone expects to have their rights to participate respected, regardless of factors such as race, ethnicity, ability or age, among others. Higher education prides itself in working to ensure an inclusive environment for all students, regardless of race/ethnicity (Thomas, 2012). However, the extent to which this has been achieved is still questionable given the evidence that although BME students are quite prolific users of HE, yet they are still over-represented among those gaining degrees with lower classifications and with high attrition rates (Modood, 1993).

Participants identified ongoing challenges as they tried to grapple with the issues presented by what they considered to be discrimination and racism as nursing students in the classroom, in practice and as qualified practitioners. The impact of institutional racism, touched on earlier as identified by MacPherson (1999) still presented as a mitigating factor limiting the ability of individuals in HE and mitigating against their best attempts at working and building careers after qualifying.

The lack of survey responses related to racism as a possible deterrent in career choice for nursing may have a variety of reasons. For example, it is possible that most black children and young people are not choosing to focus on negative issues or they may not have much awareness of this issue as youngsters. However of the black students surveyed, 50% identified knowing someone who was a nurse, either a family member, or a friend in the community. The indication could be that the subject of racism and discrimination is one which is probably not necessarily discussed actively and openly with young people by their families or in the black community, and may not be seen to be necessary given their lived experiences, of which the children would have an ongoing awareness.

Alternatively, playing the race card, as some members of the black community have been accused of doing, may restrict how this is viewed and even discussed by black families with their children. The comment was made by one interviewee that:

“I did not really think about racism because I didn’t want to be accused of playing the race card”

However, this could indicate that this is something which he had been aware of in the past and did not want to emphasise as a major issue. He went on to comment that he knew they were being unfair:

“They did not give me a fair chance like they did my white friend... isn’t that racism?”

This would benefit from further research to explore black young people’s engagement with and exposure to discussions in their families and communities regarding racism. For this research, while some participants directly mentioned racism and discrimination, others however, talked about being treated unfairly, different and without respect, kindness or compassion. This implies clear awareness of discrimination, but with reluctance on the part of some to describe it as discrimination and racism.

C1-Individual/Group Discrimination

For interviewees, however, there were clearly examples of incidents which some felt were discriminatory and racist from both an institutional and individual perspective. As reported above, not all participants identified these actions as such, however, the responses given were categorised under the theme. First we explore individual behaviours which interviewees reported as feeling unfair and hence discriminatory.

For example, while at school one interviewee felt that their tutor did not like her friendship with her white friend who was from the same deprived neighbourhood as her.

“It was like... she was trying to split us up... you know... this tutor....always trying to keep us apart.....we both told her, together...we want to do nursing...she told me nursing is ok... I can do that..... then... she called my friend into the office... told her she is smart enough to do medicine... we had the same grades and subjects at O and A levels”.

This differential treatment left the feeling of unfairness; however it went unchallenged by the interviewee. *“I didn’t even tell my mum... but I knew*

they were being unfair...like I am not good enough to do medicine... even though I had the same grades as my white friend...they obviously did not value me or my achievements.....but...anyway... I wanted to do nursing and that was that”.

She further commented about her university experience which was similar: *“I had a white friend... he was on the course with me... we got on really well... we had the same white personal tutor.... My friend...he was getting really weak grades and was struggling. His grades were worse than mine you know, really bad....yet he got a lot of sympathy...you know...they did everything they could to keep him on track...he was advised to take a rest and come back to the degree after a year...but I was told I should move down to the Diploma program or leave.”*

She expressed that she felt unable to challenge the tutor once she had been told by her friend. However she noted that this was differential treatment and was not fair.

“I knew that tutor took a dislike to me...from day one ... he was never fair....I tried to get some help... but no luck...but I didn't feel able to take him on....”

Another interviewee also commented

“The tutor... she told me and my white friend she would call us with her decision...so I waited..... she called my friend but she never called me... when I tried to call her, I got no response.....she never bothered, even though I left messages”

This participant shared these details after the interview had been completed and the tape recorder turned off. He commented that he had actively tried to ignore many of their unfairness, as he did not wish to play the 'race card'.

He offered to share further experiences on tape after the interviewer assured him that it was ok to do so. This was an interesting observation, which gave an indication that he was reluctant to dwell on the possibilities of discrimination and racism, even though he was aware of this and was the one to comment on it after the tape was turned off. Despite the experiences, he commented on how much he enjoyed the course and his longing to go back.

“I had some negative experiences, but I really enjoyed it overall...I was upset that they threw me off without giving me a fair chance to recover my grade....like they did my white friend you know... she got offered a re-sit, but they never gave me one”.

Other examples of unfair treatment included the statements of another interviewee who commented on the very good relationship she had in clinical practice as a student, but even this was challenged by her university tutor, who had never worked with her in practice:

“My mentor...you know.. my clinical mentor. She was fair... she told me.. you will make a great nurse.... She gave me an A for my practice.....but my personal tutor from uni... she told my mentor to drop it to a C as I can't really be all that good..... I was very upset.. ”

Conversely, another interviewee had the opposite to say about clinical practice, as follows:

“My clinical mentor, she was a white woman... she would ignore me on the wards.... Told me to go get experience with other people... she was supposed to be teaching me. She signed up to do that.... told me not to follow her around.... Made me feel totally excluded... would offer to make tea for everyone but never included me. On nights with her, she just ignored me”.

This interviewee also recounted other examples of actions which she knew were discriminatory, as follows:

“...she had a patient with a strange name, may have been a Polish type name... she struggled to say it...she lost her temper and blurted out “I wish these bloody foreigners would go back to where they came from”...then she saw me and from then on.. she kept watching me...because I had heard what she said”.

Having the courage to challenge comments and statements as a student could likely bring repercussions which could include being thrown off the program, something which all participants were actively aware of.

The interviewee felt unable to challenge this comment as a student, an issue which was raised by all participants.

Decisions to challenge tended to be based on the level of support that they felt was available and their own perceptions of any likelihood of a successful outcome. The stressful nature of any decision to challenge individuals is an added negative impact on successful end of course outcomes, hence the tendency to choose which battles to take on and which ones not to bother with.

“I did nothing.....except to go and get some counselling....I paid for it myself...the councillor asked me... what did you do about their behaviour?? I told her... if you do something....if you challenge what’s going on...people make your life impossible... I did not want to fail my course...”

C2-Institutional Discrimination

Macpherson (1999) identified institutional structures and processes as having the capacity to perpetuate actions which are discriminatory and racist. For many public sector settings, such as schools, Higher Educational

Institutions and the NHS, the organisational culture reflects the dominant white values which underpin normality in those settings.

For black students as the 'visible minority' (Johnson, 1998). normative actions which are discriminatory are noticed by them but could go unnoticed by their white peers. Institutional actions are therefore not difficult to identify or rationalise, and are remembered by black children years later. Here are the comments of one interviewee:

“At school...they didn't care...we were just black kids...not much expected of us...everyone just did their jobs....couldn't be bothered...”

Another participant commented “no one cared if I did well at school... you know.. like.. a white child gets praised... but us blacks... it's like...you know...you are not going anywhere... so why bother...they don't expect us to achieve anything...so they take no notice... except when we are naughty”.

The low expectations of teachers in the primary classroom where there is a dominance of children from BME backgrounds is again implicated by the above comments from students who were successful even though the odds were against them (Gilborn & Gipps, 1995, Sewell, 1997).

This would support arguments regarding the questionable nature of the notion of intelligence and ability which are very clearly set within a socially constructed perspective (Gilborn, 2008, Andrews, 2013).

The Commission for Racial Equality (CRE, 2001) in its guide to FE and HE institutions highlighted the duty of these institutions to promote race equality and identified some benefits of this general duty, such as the promotion of positive relationships between groups of different ethnicity and contributing to ensuring that workforce representation reflects the diverse nature of the structure of society. However, the evidence suggests that BME representation in the HE academic community continues to be low, and their promotion prospects still lag behind, with a reported fewer

promotions to professorship. (UCU, 2013, Bradbury, 2013). This is a similar issue in the NHS, where BME's in senior management positions are under-represented, despite numerous initiatives to address the issue. (DH,2009, RCN 2007)

The lack of role models for students is implicated. However, this is not necessarily a problem relating solely to nursing education and the NHS, but also to other professions and careers, which suffer as much as nursing does, with low representation in professions such as physiotherapy, radiography, speech and language therapy, including low representation of black people in senior positions in the most workplaces (UCU, 2012, Guardian, 2013).

C3- Curriculum/clinical -representation of ethnicity

The delivery of the nursing curriculum was an issue commented on by interviewees as having a major impact on their experiences both in classes and in clinical practice. Participants commented on what they called the unfair way that black people were portrayed in the curriculum, and the level of care for black service users.

“the way they talk about black people, you know... always in a negative derogatory way”.

Another participant commented on statements made in clinical practice:

“It was handover, and this white nurse she was handing over a black 16 year old patient.... Like...Labored the point that this girl was a Caribbean single parent, in with sickle cell and having too much painkillers...like ..watch her she is addicted....just because the girl was asking for her regular four hourly pain medication which she was prescribed.”

Curriculum representation of black nursing heroes such as Mary Seacole, usually called the black 'Florence Nightingale' (Anionwu, 2005) was cited by most participants as being absent, despite regular reference to Florence

Nightingale, who they commented was referred to and quoted as a matter of course throughout their program. Recent initiatives to provide more information to all nursing students about Seacole and her role during the Crimea (Robinson, 2004, Anionwu, 2005), appear to be slow to filter through and may not be surprising if it will be left to educators to introduce this. Its relevance may not be important to some, evidenced by an entry from the researcher's diary, which reads as follows:

"Today in a meeting of five participants, we were discussing a proposal to launch a centre in honour of Mary Seacole, the black nurse from the Crimea. Following the meeting we went off to lunch, where one white colleague voiced her anger and frustration by saying 'if I hear the name Mary Seacole one more time I will scream'..... I must remember not to mention that name in her presence again, or to make sure I warn her before I do!"

The response of the white colleague interestingly implied a disinterest with any need to show recognition for the black hero of nursing, and would concur with the participant's experiences in the classroom. Here are the comments of one interviewee:

"Every day in class you hear about Flo....you know... Florence Nightingale.....and I used to hear about her from I was at primary school... nothing about Mary Seacole....Now I found out about Mary Seacole from a documentary on TV.... About the work she did in the Crimea....I was shocked... She was treated... just like we are today.....without respect".

C4- Subjective Stereotyping.

Interviewees commented on the stereotypical ways in which BME's were represented and of the resultant awkward and often embarrassing and unkind reactions of white students.

“The tutors... took pleasure in saying negative things about BME people, in class... you know....like...blacks on drugs...black families in tatters.... making jokes about our culture...and everyone would laugh.....but I was embarrassed and angry”.

Interviewees also reported examples of positive comments about BME's in the classroom, stating its impact on the class and on them as individuals. For one participant it was a rare moment of feeling vindicated as a black person with foreign ancestors, which she explained as follows:

“We had a lecture from a doctor...on sexually transmitted diseases....he had recently worked in Africa and Asia...not long returned...he said how he never saw one dirty patient while he worked in Africa and Asia, compared to the UK where soap and water was freely available...where he saw them daily...white women and men who couldn't be bothered to wash before coming to the clinic..... and I felt great, for once nobody was laughing ... you could hear a penny drop...”

Where representation of BME communities in the nursing curriculum is not done in a positive way this can be a source of embarrassment for black students. While it is entirely appropriate for tutors to talk about and quote Florence Nightingale routinely across curriculum topics, reference to Mary Seacole, the black nursing hero, is rarely if ever made and is not considered important from tutors' perspective. However, there have been recent attempts to try and bridge this gap with the work of Anionwu (2005), but this has not yet been evaluated, so it is not clear how widely this is used as part of curriculum delivery, given the lack of any standardised curriculum requirements except those provided by nursing's regulatory body the Nursing and Midwifery Council (NMC, 2010) Yet it could be argued that this recognition could serve to not only support black students but also

provide white students with important culture sensitive development that could contribute to building relationships with black patients, including a more balanced understanding of the effects of ethnic factors on disease processes (Robinson, 2004, Anionwu, 2005).

Theme D. Personal Resilience (Individual Factor).

The concept of resilience denotes the ability to cope with high levels of stressful situations regardless of whether the source is chronic, which could be interpreted as slow daily onslaught, or acute, implying a major crisis. (Martin-Breen & Anderries, 2011). When related to the experiences of African Caribbean people Rhamie (2012) suggests that resilience is an important personality trait which is necessary for not just surviving but for thriving in British society. Rutter (1984) considers the ability to be resilient as an important way of strengthening the resolve to not only withstand crisis, but to recover from it and move on to reorganize as a way of responding to a given situation. That the term is used extensively across all fields of study from engineering, and the environment, to psychology shows its importance in the experiences across a range of careers. In psychology it has been linked to theories of child development from an individual perspective (Rutter, 1985, 1993). As a developmental model, the concept implies the capacity of an individual to cope with, and/or rectify situations resulting from adversity, for example poverty. Studies exploring resilience in this context looked at a combination of factors such as the impact of family functioning, the environment at school and the influences of community and the services provided, to consider which factors are protective and which indicate risk (Karner & Parker, 2011).

The identification of personal resilience as a student in HE and in the NHS, is a major personal coping factor in the experiences of interviewees. It

provided insights into their efforts to remain mentally focused despite their experiences. This is manifested in a number of ways, as illustrated below, and indicated their capacity to stay motivated and persevere, their determination to stay on top of the events they experienced, including decisions to challenge the system if necessary. From the details provided by interviewees, resilience is possible and determined by their ability to draw on social capital, alluding to their dependence on informal networks with family, friends and the wider black community, which serves as sources of ongoing strength (Jurcik, 2013).

However, as with other influences on Black British experiences, social capital is reinforced and strengthened by cultural capital, which further benefits from human capital, indicating once again, the intersectional nature of cause and effect, which in their absence, can lead to vulnerability for black British African Caribbean people as individuals and as part of their wider community. Vulnerability is considered to be the opposite response to resilience (Martin-Breen & Anderries, 2011), although it could be argued that being vulnerable can provide the trigger to developing resilience (Rutter, 1993). From the findings it is evident that for Black British students, vulnerability is evident where they have to face negative experiences in isolated situations whether in HE or in clinical environments in the NHS.

D1 – Motivation and Perseverance

Interviewees commented on their high levels of motivation once they are on a program of studies. In all circumstances, they made persistent efforts to engage and participate even where they were the only black participant on the course.

“I tried really hard....to make friends with my white peers in my cohort....this white guy... we got on so well....”

“I worked really hard....you know....but my gradesnever reflected that....”

When things got difficult they made efforts to move forward positively as this interviewee noted:

“I called...but got no response... then my mum... she started to call”

D2 – Challenging Individual Racism

Interviewee’s decision to challenge individuals in positions of power tended to be selective and based on what they saw as gross unfairness. For one participant this happened when a clinical assessor graded her work as an A, and the grade was altered by the university tutor to a C. She challenged this decision and was not given a favourable response, so she moved her complaint to the director of education.

..I complained...to the uni tutor...you know... she took it on herself to change my grade from A to C...My clinical assessor told me my work was excellent. I got no joy so I complained to the education director”

When the participant was asked about the eventual outcome of her complaint she commented thus:

“I was called to a meeting with the education director and the uni tutor.....they were so patronising, telling me I should learn to compromise as it was important for a nurse.....said I should accept a B grade....in the end I said ok... just to move on... but it moved my classification down from a first to 2:1.”

D3 – Personal Determination/Ambition.

In order to demonstrate personal commitment and a determination to stay the course, students must have skills in problem solving, autonomy social competence and have a clear sense of purpose (Waxman et al, 2001). These attributes contribute to educational resilience, especially if there has been

exposure to educational experiences which could be classified as inappropriate.

Interviewees spoke about being personally determined to progress positively on their course, and also in their early working life as a qualified practitioner. They shared their desire to do their best and worked hard in an effort to keep going and persevere despite having to deal with continuous challenges. There was also the feeling of having to prove that they deserved to be in the system, something that was not expected of white peers and colleagues.

“I was determined to do and be my best... worked really hard and was pleased with the level of my work....but no one ever commented or encouraged me, you know....like they.... just waited for me to slip up to pounce on me...”

D4 Challenging the System.

Making a decision to officially complain was usually done only as a last resort, when interviewees felt that they were left with no other option and there was a real risk of being either thrown off the course, or losing their job.

Participants remained selective in the decisions to challenge the system, in the same way that selective decisions were made to challenge what they perceived as individual bigotry, and unfairness, even though there were numerous opportunities throughout their experiences. It became apparent that the decision to challenge was balanced against possible positive outcomes within the longer term. Where it was personal and not threatening their progress on the course or on the job, they chose to ignore rather than taking any action. One participant commented as follows:

“you have to let some things go...or you would be constantly complaining...it is just so stressful”...

This response showed the level of awareness by participants, of being seen to be a constant complainant and not wishing to be labelled that way, given the strong possibility of being labelled as a trouble maker and her life made much more difficult.

“You try to complain...and they make your life hell”.....Another interviewee commented “I didn’t want to be accused of playing the race card....so I never challenged them on the spot...”

For another participant, she took the decision to formally complain about a particular accusation that had been levelled against her which she felt was unfair and bigoted, despite attempts by her colleagues to discourage her from taking that step.

“ When I told them that I am going to take my complaint further, the senior sister warned me.. you do that and you can say goodbye to a career in nursing”.

The response of the senior sister showed a lack of awareness or total disregard for any structures and processes which are designed to offer a measure of protection and the option to make a valid complaint. NHS Bullying and harassment policies are meant to provide an opportunity to challenge unfair actions, and for students and practitioners, this should be possible without the threat of losing one’s job or of being thrown off the course (Ball & Pike, 2006, Lewis & Gunn, 2007).

Given the reaction of a senior member of staff to her decision to complain, policies which are in place to help re-dress the balance and provide a measure of protection becomes questionable as to their effectiveness. There is a dearth of evidence to demonstrate whether these policies are effective, even though they are regularly cited as being important factors contributing

to an improvement in the work life experiences of everyone (RCN, 2007 DH, 2012,) It would appear that their use is not something that staff consider if their goal is to remain in their role or their jobs, as demonstrated by the participant below:

“I love what I do...I am a good nurse....I chose not to complain because I just want to get on with being the best practitioner that I can be...plus I need to work to pay my mortgage and help my family”

For another interviewee, the decision not to challenge the system was made because she felt that whatever the outcome, she would still have to leave the program, so the decision was made to take the advice of her personal tutor, who told her to either transfer down to a diploma program or leave, advising her that she was not capable of doing a nursing degree.

“... I chose to walk away...I just had to prove them wrong....and I didn't want the stress or the hassle of formally complaining...anyway... they would still get me even if I won my case...so there was no point”.

The above student went on to gain a first class honours degree in another discipline, and felt satisfied that she had proved her point about being capable of studying at degree level. However this did not reduce her yearning to become a nurse, and she plans to re-join the profession as a mature entrant, now that nursing has changed to an all graduate entry profession (DH, 2012)

The expression of a lack of confidence in the outcomes of a formal complaint shows the suspicion of black students and staff with the system, which, in reality does have in place a number of structures through which all students and staff are able to challenge and appeal. Black students it is argued, like all other students, have access to all student services, which

should adequately meet all their needs (Dhillon et al, 2006). However some black students may be reluctant to access some services for fear of being labelled as needy, dependent or craving handholding, as indicated by participants in this research and noted in the literature (Lea and Farbus, 2000).

Some interviewees made successful challenges where they decided to compromise on the outcome when they were told by education directors that it was important for their development as a nurse. However the decision to compromise did not diminish the student's awareness of feeling that she was being patronised by the system. To have one's practice grade which was originally set at 'A' by a clinical mentor dropped to a 'C' by a tutor who had not worked with the student in the clinical environment, and then to be expected to accept this without complaining, shows the lack of value placed on the achievement of black students in some environments. That some black students feel that complaining does not necessarily guarantee them a fair hearing is a disconcerting observation.

“This white tutor...he was my personal tutor... took a dislike to me from day one....for reasons that I still do not know....like he resented me for being on the graduate course...there was no point in complaining, but I did try”....

When asked to expand the student commented further:

“...well....That tutor, looked at me as if to say...what are you doing here,... you don't belong here....you know...like I shouldn't be on the course that's how it felt..... I did not want to waste my time complainingI would get nowhere...I know he was a bigot... it was going to take too much of my energy to prove it... I did try tho... ..got nowhere.....so it was best at the time.... to just get out and move on...that's what he wanted...so I gave him his wish”.

The impact of emotional and financial costs on decisions to complain could also influence whether or not individuals followed through with a complaint, as identified by some of the participants in this research.

For participants who decided to formally challenge the system, this was done at tremendous emotional and financial cost to themselves, and in the case of two participants, they were suspended from the course and from practice while investigations were held. In both cases, enquiries lasted for six to twelve months, which meant a loss of salary and/or suspension of bursary, forcing them to find employment elsewhere to support themselves while investigations were held. For example, moving a case forward requires legal support in some instances, as it did with one participant, whose internal appeal ruled in favour of the university, but she decided to move it outside of that domain and get external support, via the legal system at great personal distress and financial cost.

“I had to take out a loan to pay the solicitor....it was tough... but I had to do it...” pause.....(obviously very upset)

Her resilience and determination to get justice eventually paid off, however although she won her case and was re-instated, she did not feel able to stay in that environment. She moved elsewhere to another Trust, but without her husband, who had to stay behind because he was unable to find work in the new area.

“The whole process left me emotionally drained...you know... totally exhausted...then I realised that I did not wish to stay there anymore...I had successfully proved my case.. it was time to get away from there...”

This was a reluctant decision, as it meant moving away from her family and friends. This outcome provides insight into the reasons why many black students and practitioners may choose not to formally pursue cases of

injustice, because of the implications in terms of employment, and the impact on family life, including the possibilities of having to leave a particular setting, even though they were successful with their appeal. For some, leaving is not a viable option (Concliff, 2001).

“As my Nan said... this is not all about them you know.....I have a life and I have family so I have to think about my future...they may think I don't have bills like they do..... and I don't deserve to be here... but I am here to stay..... you know, so they have to deal with it....”

While some felt able to take the risks of the emotional and financial costs and move on to another job or course, others walked away from a dispute, in order to remain on the program, choosing instead not to challenge the system or individuals in it, but just putting up with the issues that emerge on a daily basis, and making decisions daily about which issues to challenge and how to do so.

Institutional Racialisation: Resilience Building?

This discussion focused on the findings which emerged from this research, drawing on comments made by participants to illustrate their perceptions and experiences of issues relating to career choice for nursing, support while studying nursing or as a qualified practitioner, racism, unfairness and discrimination and personal resilience.

The intersectional nature of factors and their resultant impact on the life experiences illustrate the pervasive nature of multiple oppressive actions and coping strategies which are used by Black British African Caribbean people to overcome the process of institutional racialisation (Rattansi, 2005) and move forward. The main trajectory for outcomes can be categorised as institutional (MACRO), Individual/personal (MICRO), and Community (MESO based factors. (Phillips, 2012).

Participants provided in depth insights into their daily experiences and the impact this had on decision making processes. This include the decision to remain as a student or practitioner by not challenging individuals and/or systems, or choosing to challenge at institutional level and having to move on to a new job in another area. In all respects, participants were clearly committed to their decisions which in their view, were justified, whether they decided to go or stay. Some moved on even though this was not their personal choice. The decision was made for them by tutors who acted as gatekeepers to the profession.

Although they articulated the decisions as being unfair and inequitable, this alone has not prevented them from staying with their original aim to join the caring profession as a qualified nurse sometime in the future.

All participants who had been discontinued from educational programmes expressed a wish to return at a time when they feel they will be better able to cope with the issues which they anticipate they will have to handle. In particular, having the opportunity to become a graduate nurse, given the new status of the nursing profession, was the expressed wish of some participants. It remains to be seen, however, whether acceptance rates for Black British African Caribbean people on new graduate nursing programmes will reflect inclusivity or at least mirror the actual numbers of individuals who make an application (Johnson, 2012). It was clear from the insights shared that participants did not allow their negative experiences to detract from their capacity to care or their wish to be a part of the helping profession. This is very positive for the future of their participation in NHS nursing careers, and presents opportunities that can be explored and developed to enable better outcomes from their participation.

“I know I am a good nurse... that’s why I choose to keep fighting...”

“I have an instinct to care... I will be trying again to get in when I am older”

“They haven’t seen the last of me.. I plan to go back.. but not to that same uni....I will apply again once they change to a graduate profession....”

Resilience on a program of studies and in practice after qualifying is manifested in a variety of ways as identified by participants in this research. Having its origins in child development theories (Rutter 1982) there is now a strong theory base, which considers the ways in which resilience contributes to coping strategies for those children who may have been identified as being at risk or have to cope with traumatic events in their lives. (O’Donnell et al , 2002, Campbell-Sills, et al, 2006) Lewis et al (2011) defines resilience as the ability to recover or bounce back from traumatic change or adversarial situations. These include stressors such as social disadvantage or other adverse problems, especially occurring in the lives of children and young people. Emphasising resilience helps to focus on positive aspects of recovery and enables a response which encourages personal growth. Lewis et al (2011) also argue that the multidimensional nature of adverse events contextualises resilience as a variable experience. Individual resilience is therefore influenced by personal/individual characteristics such as internal locus of control, perseverance, emotional management and awareness, optimism, a sense of humour, self-efficacy or the ability to believe in one’s own abilities and being able to problem solve (Kelly, 2005). It is also directly related to individual experiences with their environment and tends to determine their level of resilience. This includes their support networks in terms of family, school and community (Williams, 2011). Hence, being resilient is heavily influenced by a combination of individual personality, and the external social environment (Richardson, 2002). The ability of the individual to cope in a crisis is strengthened, and contributes to their level of determination to move on from the problem to positive outcomes. For these participants, decisions to challenge or to walk away from racism and discrimination are very personal and are made

depending on the driving factor of the problem and how individuals feel about the situation. For some, walking away with a view to reconnecting with the program at a later time was their way of responding to the problem and temporarily dealing with it.

For others, choosing to challenge the system despite the emotional and financial cost was imperative because accusations which had been made against them could have resulted in their loss of the right to ever undertake another program of nursing or to practise as a qualified nurse. Their ability to cope, however, was always dependent on the level of support they received.

The complexity of challenges for diverse and marginalised groups such as black students in the education system in the UK and elsewhere, continue to impact on their educational outcomes, however, their ability and capacity to draw on inner strength lies in their perception of the risk to their achievement goals. Resiliency research continues to provide an important understanding of the contextual factors and how they contribute to a better understanding of the discourse (Bowman, 2013).

Responding to risk with resilience is not just an issue for Black students, and some have argued that Higher Education presents cultural risks which all discerning students must learn to manage with resilience (Adler-Collins, 2007). Building resilience in HE is highlighted by Whitehead (2009: 9) who said “..My own resilience owes much to the affirming and sustaining support of others”, hence re-emphasises the role of support and its impact on personal decisions and the ability to respond with resilience.

Summary

This chapter discussed the findings of the study in part one, while part two focused on a discussion of the findings in which comparative outcomes were identified according to each phase of the research. The multiplicity of factors which influenced the participants can be contextualised within a theory of

intersectionality (McCall, 2005) and institutional racialisation (Rattansi, 2005, Phillips, 2012). They both form the base from which BBAC participants experience education, career choices and participation. While their experiences reflect those of their forbears in the NHS and beyond, the findings indicate that despite these negative factors, they are willing and ready to continue to access a career in nursing, and have the full and unconditional support of their families, parents and friends, drawing on social and cultural capital to develop their skills of resilience and coping. This is in spite of not being given a fair access because of gatekeeping actions and their perceptions of a lack of respect, kindness and compassion in a profession which is supposed to be a caring one. This finding, of a determination to continue to participate in nursing careers, is an important and positive factor. It has implications for the future practice of modern nursing for the 21st century, which needs to meet the needs of a diverse society (DH, 2012).

Chapter 6 - A Personal Reflection on the Journey of this Research.

Introduction

This chapter provides a narrative reflective account of the journey of this research project.

The decision was made to choose and apply a model of reflection which is widely used in nursing education and practise, and the reasons are two fold. Firstly, as a Registered Nurse (RN) and a nurse educator, it felt appropriate to engage with and apply a structured process of thinking about and evaluating my journey throughout the research. Secondly, it underpins the process of learning and development towards becoming a competent practitioner (Jerlock et al, 2003, Freshwater et al, 2006). Despite what some consider to be limitations of the approach (Mann et al, 2009) reflection

plays an essential role in evaluation for students of nursing and for practitioners.

I believe that the move from novice to becoming an expert, as identified by Benner (1985) remains as applicable to education and research as it does to clinical practice. In addition, engaging with the reflective process is an important way of ensuring that this research is able to be understood by nurses, who form a major part of the intended audience. In this regard, this process would not be fully complete without reflecting on the journey and the ways it has shaped my understanding of the research process.

Reflecting on one's and others' actions, responses, experiences and outcomes provides opportunities for making decisions from the context of an evidence base, whether clinically or as part of the education process (Gibbs, 1988, Johns, 1994, Freshwater et al, 2006). The conceptual analysis of narratives and descriptions of multiple events throughout the journey is meant to help identify, reveal and ultimately understand phenomena about which something is known, but more needs to be known.

The benefits of a continuous process of self-awareness during any kind of professional practice, including education and research, has also been well documented (Schon, 1983, Benner, 1985, Gibbs 1988, Freshwater et al 2006). Not only does the process encourage and sustain the ability of the reflector to be present in each moment, it also provides the opportunity to have an open and critical attitude of one's own individual thinking and of other viewpoints, thus enabling the option of change, growth and learning, where these are recognised as appropriate.

Throughout the reflection I draw on an extensive research diary of notes, events, quotes and other entries, which I kept over the years to help me recall and remain aware of the issues as I encountered them. These

include data collection aspects, the challenges encountered, work-life balance perspectives as a full-time nurse educator, full-time parent and a part-time researcher. The research diary has enabled me to reflect on my experiences as an educator and on my learning from this process as I embarked on the research journey.

The reflection would not be authentic without the inclusion of those issues which shaped my early initial ideas for the project, beginning with my debut into the world of the British education system as a naive lecturer in Further Education (FE), with very little understanding of the complex world in which I was embarking.

Using a model of reflection

The decision to apply the Rolfe et al (2001) model was made because of its extensive use in nursing education, however there is a wide choice of other available frameworks that could be used (Johns, 1993, Gibbs, 1988). Rolfe et al (2001) requires the user of the framework to consider the event being reflected on in the context of 'what' happened, 'then to look at 'so what' to identify what was learnt, followed on by 'now what' to examine how the outcomes could be improved for future situations. This was the perfect fit for examining the journey of this research, providing the opportunity to engage in appropriate afterthought of the activities of the journey.

Applying the Framework. The birth of an idea.

The idea for this research was conceived at a time when my actual field of interest did not include diversity, ethnicity, recruitment or nursing careers. In fact my early understanding of these terms intellectually was very limited, and was not among my major concerns in education or indeed in health care practice. I had gained professional qualifications in the UK as a

Registered Nurse, Midwife and Health Visitor and worked in clinical practice in hospitals and community settings over a period of many years. I was recruited as a specialist practitioner (Health Visitor) to teach public health, child care and development to prospective child care workers, in a college of Further Education . This was not an uncommon pathway of career development for practitioners like myself.

As a Black person of African Caribbean ancestry, I had very little, if any initial awareness or concerns about how I was perceived by students or by staff members following my appointment. I was certainly not thinking along racialised lines. However, I found out much later that I was employed to help fulfil the college's remit for 'Section 11' staffing, implying the name of the funding stream from which my salary was being paid. This had been introduced in Further Education colleges to ensure that they met their percentage requirements for employing black staff, in order to provide for the needs of migrant students from minority ethnic backgrounds (TES, 1996). I became aware of this when funding cuts were introduced and there were suggestions that my position may no longer be tenable due to the withdrawal of this funding stream. My awareness signalled the beginning of a period of much learning and sometimes unclear understanding of the new world of political and racial perceptions into which I had arrived as a new FE educator.

The context of my enquiry.

Arriving fresh to the FE setting from clinical nursing, where I practiced in a local neighbourhood as a clinical specialist (health visiting) my main interest was in ensuring that my students were well prepared for their entry into schools and childcare workplaces. Having no substantial teaching qualification at the time, my understanding and experience of the British education system, from the school's perspective was limited. My early primary and secondary education took place in the Caribbean, so I

was not aware of how students ended up in this FE setting, or of any career aspirations or access to HE or how these were negotiated.

It did not take me long, however, to realise that the majority of students in this inner city college setting were from Black and Minority Ethnic (BME) origins, and they seemed to be heavily over-represented on the childcare, catering and hairdressing courses, all leading to vocational qualifications. Access courses, which led to possible university applications into the professions, including nursing, were mainly populated by white students. It was the black students who drew my attention to this issue.

BME students specifically black British African Caribbean women began to make queries to me, about widening their future career prospects. I was eventually formally asked by my departmental head to provide them with careers advice at the beginning of each term. I found myself standing in front of very large cohorts of student body, 90% of whom were from BME backgrounds, specifically of African Caribbean ancestry who wanted advice about careers, however I knew very little about career pathways, and had not been trained to deliver this. Being new to the environment I did background searches from records which I had been given about students, and was told by my manager that the information from their past achievement profiles should help me plan my careers sessions. From the information in their profiles, the majority had no GCSE's, as they had failed in the schools system.

Students talked about wanting to 'make good' their failure in the school system and were hoping to get onto courses that would eventually take them directly into HE. I was, however, directing them into the vocational areas that were taught in my department. I had begun to fit into the expectations of the college careers advice requirements without even being conscious of doing this. Up to this point I had never heard about nor engaged with the achievement debate relating to African Caribbean

students in the school system and knew nothing about the work of Coard (1977) who had reported on the experiences of African Caribbean children in British schools. Coard reported that children of African Caribbean parents were being labelled as subnormal and hence failing in school. I was to later discover after systematic searching of the literature, that there was an established literature base of educational underachievement of African Caribbean Children in British schools, all linked to critical theories of 'race' ethnicity and racism (Miles 1993, Troyner & Edwards, 1990, and Solomos, 1992, Sewell, 1997, Gilborn, 2008). I became much more conscious of my need to understand the students' early experiences and of the possible impact on learning in the new FE environment. For example, students were accepted on to courses without any diagnostic assessment of their skills or ability. Consequently it was never clear on admission what level they were able to study at. Their presence on vocational courses included childcare, nursery nursing, hairdressing, and catering, and the lack of any assessment of their prior skills made it difficult to plan for their support as mature young learners, which the majority were.

Black Students eventually started to actively challenge me about the options I was offering them and asking why I was not recommending mainstream occupations such as Nursing, via the College's well established access routes, when from their perception I had obviously 'done well'. I had no option but to reflect on my role in the system and how black students perceived what I was doing there. This was not something I enjoyed doing, as it forced me to face my own contribution to the operation of the system, which I had not been aware of previously.

I then discovered that although the college ran a number of access courses into a range of professions, usually for students who had failed in the school system, BME students did not seem to know how to get a place on these courses, which were populated by white students in all cases. I knew that

white colleagues also provided careers advice sessions with groups of students, and when I enquired, students said that their advice also, was not very helpful for getting them on to access courses, which was their ultimate aim. However, students did not challenge my white colleagues, but they were happy to have a go at me. This was an interesting observation, as I was not aware that students were perhaps using me as a role model, in terms of the career choices they wished to make. Role modelling is of course not an uncommon feature in many learning environments. Being one of only two black lecturers in the department at the time, on reflection, it is understandable that black students were using me as a role model, although I had no awareness of this. Role modelling and mentoring are now well established aspects of learning in education generally, and also in nursing education and clinical practice (Kenny et al, 2003, Beskine, 2009) however, it was not a part of my job description, and I was not aware at the time, that this was happening.

I share a strong and very personal view which is well established in the majority of Caribbean thinking, about the power of a good education and its ability to lift people out of poverty and ignorance. Therefore, on reflection, I was surprised at how unaware I was of the type of advice I was offering, when it was obvious that the best start to laying the foundation for access into a range of professions, was the 'Access Course' which was offered by the college. It was what most of the Black students wanted to do, in terms of their own personal career choices.

At the time I did not initially consider my approach to be problematic, since I believed that having a job would enable participants to further explore and develop their careers. My awareness did not signal any action that I could take, except to advise students to make enquiries about access courses. This did not lead to their acceptance on these courses, but they had begun to take ownership and make their own enquiries, which was an important step

forward. However, from their perspective, I had become a part of the problem by contributing to the perpetuation of stereotypical assumptions about black students and their educational achievement abilities, something I was not aware of at that point. Following a detailed search of the literature, I began to understand how my actions were perceived by students to be feeding into the concept of institutional racism, which actively, yet subconsciously disadvantages blacks through its structures and processes, which can be individually or institutionally led (Macpherson, 1999, Mason, 1995). That understanding left me feeling uncomfortable and determined to explore the issues further.

In the context of 'so what' (Rolfe, 2001) I reflected long and hard about the situation in which the students found themselves and began to look at other possibilities that may explain what was taking place. As previously, discussed, from my personal perspective, I was of the opinion that once the students were skilled enough to become employed, their educational options would become wider. However, they assured me that once they were in work it would be difficult if not impossible to pursue further studies because of the competing demands of family and child care that they would have to deal with. Moreover, they wanted to become professionally qualified and were anxious to join access courses that would get them a place at university. I eventually discovered that extensive support was provided on access courses, where students who may struggle with literacy, numeracy and study skills could get advice, guidance and support. Black students were discouraged from choosing these courses.

This experience of FE as outlined above, began my journey of self awareness into understanding the subtleties of the British education system and the position of BME people especially African Caribbean students within it. After overcoming my initial embarrassment at my naivety as a new educator, I felt that I needed to become much more alert if I hoped to

become a successful educator. I began the process of conducting a detailed search of the literature to bring myself up to date with the discourse about British schools and their impact on black British African Caribbean children and young people. I made a decision to chose to use my new self awareness as an opportunity to begin small scale work around issues of access, equality of opportunity and participation in FE. It is possible that if I had been mentored by a suitable role model, I may have been better guided into how to proceed with an exploration of the issues. However, even without this early guidance, my journey into researching the lived experiences of Black British African Caribbean people in education had begun. This included my own 'awakening', of the complexities and structures of UK education systems, and of the way they interact to influence the lives of minority ethnic students, specifically African Caribbean people.

The awakening signalled the beginning of a greater awareness of my ethnicity and its impact on how I was perceived as an educator, by white and black colleagues and students. I distinctly remember having a discussion with an HE tutor who was supervising me during a Master's dissertation, where some of the issues I had experienced were discussed. I was referred to the work of Paulo Friere, and after reviewing Friere's *Pedagogy of the Oppressed* (1972), and the School of Barbianna's 'Letter to a Teacher' (1970), I began to engage more fully and in-depth with educational debates generally and their application in the lives of the poor and other marginalised groups of people in any society (Friere, 1972, 1975). Both works became a powerful reminder of the influence for good or bad, that a teacher can have on a learner and of the potential to 'make' or 'break' their future life achievements. Friere's main message was not for teachers, but was aimed at parents, as a way of alerting them to the need to take charge of children's learning, something which is a challenge not just for the poor but for all marginalised groups in all societies (Freire, 1972, 1985).

As I trawled through the underachievement debate in the literature, I began to slowly make sense of Black experiences in the British Education system. I came to realise that the contextual macro set of circumstances, covered in the first part of this research, played a major role in the experiences of black children and young people in the education system. I empathised with Friere's view that parents have to take action to support their children's education, but they would also need the support and influence of an individual teacher with a commitment to all children, regardless of race, class or 'otherness' (Friere, 1972, Fozdar et al, 2009). However, my memory of the black supplementary school movement and its initial impact on supporting black children reminded me that community support is possible and can be effectively mobilised to benefit black children in a variety of ways (Andrews 2013, Stanislas, 2010).

For me this signalled the beginning of my own 'coming of age' and kindled my interest in how ethnicity and diversity are perceived and managed in the British Education system. More importantly though I became interested in the effect they have on the lives of Black British African Caribbean children, young people and adults, who are products of the system. With their knowledge of British culture, and having grown up in local communities, speaking like local people, one could argue that they should be able to navigate through the system successfully, or more confidently. It was obvious that this was a simplistic and naïve assumption on my part, which did not take into consideration the background or history of this group and of the powerful impact that their ethnicity had on perceptions about them, their ability to learn and the restricted opportunities that were made available to them. However, this application is also important to white children from disadvantaged backgrounds, as the literature identifies (School of Barbianna, 1970, Freire, 1972). The contribution of, and the impact of social class must therefore be considered

as an important additional determinant of attitudes and influences, since it has similar connotations (Strand, 2011).

As my own learning had only just begun, I tried to grapple with my role in the system and how I felt I needed to respond. I began to wonder why I had decided to leave the fairly comfortable role of clinical practitioner to enter into this challenging world of education, and whether it was going to be possible to make any kind of difference. I also began to ask myself why I felt that I needed to respond at all. After all, as a public sector worker, I was paid to provide educational support to everyone in that college. Moreover, it should surely not be my responsibility to take any kind of action about this problem. Consequently I tried to alert students who approached me to the need to speak up for themselves, however many felt that this was not something they were able to do because they lacked sources of power or influence. I certainly did not see myself as having any power or influence in the system. But the students disagreed and argued that I should do something to help them. After consideration of their response, I concluded that their problem was also mine, and as I was in the process of pursuing higher education studies at the time, it provided me with an opportunity to explore the issue from a personal perspective as part of my studies. Their responses also reminded me of the story of the stranded starfish in which a lone person on the seashore was throwing back, one at a time, many starfish that had been washed ashore. Someone approached and enquired why she was bothering since there were so many that had been washed up. She replied by saying that it would make a difference to each one that was returned (<http://www/strandedstarfish>).

Reluctantly, I had to conclude, along with Black students who challenged me, that I was either a part of the problem or a part of the solution. I wanted to be on the side of the solution rather than the problem, hence the decision to extend my curiosity further.

As a consequence of the further insights that I gained from reviewing the literature, I concluded that making a difference starts with individual commitment one person and step at a time. For me, this was the best position from which to continue as an educator. I am however aware that this is not a decision that everyone may be able to make, or should feel obliged to make. The response to the issues depends on the individual level of understanding and awareness, and whether or not they feel able to choose to undertake this task. Moreover, the enormity of a 'system' such as the British education system, is one which few people would feel they have the ability to challenge. Indeed, I had no such intentions to challenge any systems, I merely wished to contribute from an individual perspective, by 'throwing back one starfish at a time', as far as I was able to, in order to make a small difference. It eventually became clear within the FE environment that the perception of me as an approachable and helpful tutor had spread. I was, however, approached equally by as many black students needing extra help, as I was by white students who needed educational support. I soon realised that the learning needs of both groups were actually not dissimilar, which meant that I was quite easily able to fulfil my public sector duty of meeting the requirements of the job for which I was paid, which was to work with all learners in that environment. Friere's (1972) observations of the subtleties of oppression, and its effects on the poor is applicable across all ethnic and racial groups. It soon became very clear that the education system was a struggle for both black and white British people from disadvantaged backgrounds (Gilborn, 2008). I came face to face with this in the FE setting, as another reminder of the impact of social class and social perceptions that underpin them (Sewell, 2010). My main response was a personal one, meant to be supportive of struggling learners in the FE environment. I am aware that others may not necessarily have considered the need to make a personal response, based on their own personal awareness, values and priorities however this is an issue, which each individual has to address.

Following my entry into HE as an educator, I was approached and asked to run a tutorial group for BME adults who had entered HE and needed support with academic skills, I had no hesitation in accepting this role. Individual commitment one step at a time came into its own as I worked with individuals to help them achieve their learning objectives. By this time I was very aware of the perceptions of me as a 'role model' by the Black students with whom I worked. This was at times a difficult expectation because of the extra demands this made on my time, and of the potential of personal exposure to risk, which also became an important consideration. I learned very quickly that balancing my time with a willingness to help was a very fine line, and one which I had to tread very carefully. However, I felt strongly that as a member of the Black community, I had a social responsibility to give something back by doing whatever I could to be supportive to those who approached me for help and guidance. It is acknowledged that this is not something that every Black person in similar circumstances is able to, or should be expected to fulfil. Making the decision has to be a personal one as it was for me, and I understood its limitations and the potential for it to be abused by some students and misunderstood by some colleagues. However, I noted that White tutors gave extra support to White students as a matter of course, which they did not give to Black students.

Prescriptive support, only relating to what was required and no more, is easily observable in educational settings. White students got told about progression to HE, and were left in no doubt about their skills if they were doing well. Black students did not receive the same treatment if their grades were good or if they needed further support. However since then the issue of student support is high on the agenda for all educational settings, as more students become consumers, with rights as well as responsibilities. The increasing cost of education for students in HE and the publication of student satisfaction surveys now ensures that universities and colleges

have to demonstrate that they are meeting the needs of those who choose their institution as a place for study.

The awareness of my personal situation as a Black academic, and a woman, has remained with me throughout my career and throughout the journey of this research (Maylor & Williams, 2011). It however, has its own challenges, not the least of which is the impact of the perception of white educators and also of black learners who are usually minorities in the system. Balancing both perceptions usually involve very skilful and careful actions, to avoid falling into the stereotypical views. I am always forced to think carefully about these in terms of my response to individual students or issues relating to my perception of unfairness towards them, in the workplace. The following is an entry from the diary which I kept as a part of this research: *“Today, I refused to sign an interview form to reject a student where both signatures were required to reject. I disagreed with my White colleague about the reasons for rejection...I felt they were unfair and discriminatory, because the same rules had not been applied in a previous interview. From his response it is clear that I have obviously made myself public enemy number one”*.

This incident quickly established me as a bit of a troublemaker, which is not a pleasant position to be seen from in the workplace, especially if you are female and black (Alexander, 2002). Apart from other connotations, it sets one up to be regarded with suspicion by one's colleagues.

However as a result of that incident, structures and processes for interviewing and selection of students on our nursing education programmes, were developed and implemented, so that a standardised set of interview questions became a requirement rather than relying totally on personal whims. This was already well established good practice in some settings, however, HE institutions can use whatever method they wish to

choose when undertaking selection interviews for any course, including nursing, so it is not always transparent or consistent.

How have I influenced this research?

I acknowledge that my experiences throughout this research have made me a “double insider” researching on fellow insiders (black students, practitioners) but being influenced by my role as an educator, and having an insider’s view about white staff as educators. The risk of bias cannot be contested (Blaxter, 2001). It was a position that I did not allow myself to lose focus of, in order to reduce its impact on my work as much as possible. Consequently, I was careful to ensure that the voices of the participants in the research were as clear as possible, and to strengthen this I was careful to debrief after each interview and to follow up for clarification. Bias in the research process is well acknowledged, and the main requirement is that a researcher takes steps to reduce this as far as possible (DeVaus, 2009, Parahoo, 2010). Throughout this research all possible steps were taken to reduce any bias which may have occurred as a result. They included debriefing sessions with each participant following interviews, follow up telephone calls to ask for clarifications of statements made, and further debriefing for those who were awaiting outcomes of decisions which were shared during the interview.

While I remained conscious throughout, of the risks, as a member of the group being investigated, there were also opportunities to influence positively, using the role model concept. However my awareness of this was not initially noted neither was it intended. This was true in both my qualitative and quantitative data collection work. Many school students and the interview subjects got a chance to speak to a real life black graduate nurse in their education setting for the first time, and also found out that it is possible to build a career from the clinical environment of nursing into education. I would like to think that this provided a positive albeit

‘subconscious’ impact on those embarking on decisions about a future career and those trying to build a career in nursing, or fighting to keep their careers in the profession, as some of the interview participants were doing.

The six years which I spent gaining post-secondary FE experience ensured that I had a much more developed awareness of self by the time I arrived in the HE environment. At that time nursing education was still a fairly new arrival in HE, having moved mainly into new universities because of changes meant to bring it in line with professional academic requirements. The expectation was that nurse educators should be graduates and students’ teaching emphasis regarding theory should become more focused on the use of evidence to inform thinking and practice (UKCC, 1994). Post 1994 universities had previously been known as polytechnics and were also coming to terms with their new university status. It was a time of rapid changes and new developments for everyone.

Fitting a professional program with a large clinical practice requirement into suitable academic structures presented many challenges. However, I was now well aware of the interplay of power relationships and its impact on the way organisational structures operate, and of the positioning of BMEs in those structures (Solomos, 1992). In addition, I was much more aware of the impact of race and the politics of the education system, so my entry into and experiences of HE were very different from my first FE experience. By this time I had also reflected on my FE experiences and wondered how its differences would be realised in the new environment.

Reflection comes into its own when it forces the individual to think critically about their experiences and how best to develop as a result, as I had begun to do. Knowledge and theory are both implicated in individual actions and help to determine the way forward (Chinn & Kramer, 2008). Critical reflection contributes to the synthesis of both and helps to confirm and validate the learning process.

My transition from FE to HE was a fairly smooth process, made easier by my responsibility for 'new' students, many of whom were coming from FE colleges where they had undertaken access courses into the program. Black students on the program were migrant students, mainly from Africa. I was to later find out that the university had recruited directly from Africa in an attempt to meet its student numbers. The number of Black African migrant students was 30%. Black British African Caribbean students on the adult Branch Diploma program were in a distinct minority of 2% or less, for the Graduate Degree Program the percentage was 1%. This situation persisted for as long as I remained in that setting, which spanned a period of a decade.

There were two intakes annually, of 250 students at each intake, totalling 500 students per year. There was also one annual intake of 100 students for the Graduate Degree Program across all branches, totalling 25 students for each branch. Of its 90 members of staff in the nursing school, I was one of five who were black, four of whom were female. There were also six Asian male members of staff totalling 10 staff of BME origins, and the rest were white.

Eventual changes in immigration laws meant that black African Caribbean student numbers gradually diminished, as the department was not able to continue recruiting from Africa. It became clear that there were a number of issues relating to recruitment, selection and attrition of Black British students on all programmes of nursing, including the degree program. In my ten years at that institution, there was only one Black British student who was recruited and accepted onto the Adult Branch degree program. She was eventually discontinued from the program as being unfit to be a nurse because she refused to move from the degree to the diploma program.

I became concerned after participating in selection interviews with white members of staff, at the selection processes which were in use, and at the way they were being applied. It was clear that my white colleagues were not aware and did not think there was any importance at the time, of having a standardised process for selection and interviewing. This is now a common feature of most HEI's, and the process is now published on their websites in an effort to encourage transparency. Each interviewer would ask whatever questions came to their minds and use students' responses to make subjective judgements about their ability to cope on a program of studies in nursing. As both interviewers had to sign to reject a student, I found myself regularly getting on the wrong side of my colleagues by refusing to sign and agree rejection without standardised questions. Eventually the problem had to be taken on board by the departmental head, and a standardised set of questions and possible responses were developed to be used across the school, but this did not end the problem, although things improved. It is interesting that the Metropolitan Police adopts a nationally standardised method of recruiting and selection of trainees for police constable, (<http://www.policecareers.co.uk/newconstable/selection.html>.) yet currently schools of nursing do not have a nationally recognised process for selection of candidates for nursing courses. Each university uses its own criteria, known only to themselves and very rarely to students. This encourages a lack of consistency which allows bias in the way individuals are recruited.

In a selection interview session, two students were interviewed separately using a locally standardised list of questions. Each student was asked the same question from the list and both answers were similar. The question asked the student to talk about their involvement in school, college or social life outside of their studies. The white student talked about being the student representative in their school/college and having regular meetings with various members of the senior management team to represent

student's views. The black student responded exactly the same. However, the response was viewed positively for the white student and negatively for the black student by a white colleague.

Without a code of practice with clear guidelines for use when recruiting, and without any training for the role, the transparency and fairness of the process is compromised, as in this instance (Beishon et al 1995). When challenged about such issues, especially by a black member of staff, colleagues become cynical and dismissive of any work being undertaken. This was a pattern that persisted throughout most of the research and regularly forced a reconsideration of my position as a black researcher researching issues which affect Black communities (Scott, 1999).

Researching in Higher education.

Enquiry through research is an important part of academic life. However the experience for nurses was initially problematic, given the way that nursing education evolved, from an apprenticeship approach of the 70's, to the new Project 2000 program (UKCC 1994) and eventually to a new curriculum in which research was supposed to be a central factor. The move to a fully graduate profession however, was only achieved in 2012, which puts nursing behind most professions, except for the police, who have only recently transferred to university education (Stanislas, 2013).

In the HE setting, research enquiry is supposed to underpin scholarship and learning. However the heavy teaching workload for nursing academics usually meant that research was marginalised because of a sheer lack of time. With the best intentions, staff, and students were just not able to foster a culture of research. Even though the school was focussing on building a research profile by opening a dedicated research centre and running monthly seminars, the majority of nurse tutors and students did not attend these seminars. Many identified the heavy workload of teaching and clinical visits, and students commented on being unable to fit in the seminars because of planned lectures when they were on campus.

As a new academic, I had already begun to develop an enquiring approach, which came with me from my experiences in FE and from my academic studies. Having begun a project that had its focus on educational achievement and my work in FE, I was somewhat disappointed that I was unable to negotiate any funding to finish work that I had already started. However when I was advised to shift the focus of the work to nursing education, I had no options but to agree in order to secure funding for the course. It was within this context that I arrived at my current research work.

The work initially focused on the organisation in a case study approach, which worked well initially, but the support in terms of actual time to undertake the extensive work involved was non-existent. The responsibilities of the teaching workload, with student contact time as high as 18 hours weekly, the maximum allowed at the time, was a big challenge. Clinical practice visits and individual tutorial sessions with students ensured that research focus was overshadowed by the high level of commitment necessary to sustain the teaching aspect of the role. As a single parent with a young child, the challenges of juggling work life balance was especially acute, and made studying as a part time researcher even more of a challenge than was first envisaged. It soon became clear that a new strategy would be needed to move the work forward, and consequently, I was forced to move on to a new appointment, elsewhere in an attempt to reduce my responsibilities and workload so that I could undertake the work needed. This new focus enabled me to move the work forward in a much more positive way, but this was not without its own challenges. As time progressed the demands of the new environment increased because of changes to the Higher Education sector, which reduced staffing and increased workloads.

Data Collection issues

I did not make allowances for possible changes to the education agenda in faith schools and in particular the ones I had earmarked for my survey. I was able to secure access for my pilot study, but despite many promises made verbally, I was in theory unable to gain access that had been agreed. In my discussion with others about my dilemma, I was advised that schools were undergoing a time of tremendous turmoil as they struggle to grapple with the demands of national curriculum and education changes. One faith school which I had targeted had made a decision to become a voluntary aided school and was immediately subjected to a series of detailed external scrutiny which left them being declared a school in special measures. It remained under investigation for a considerable time, during which the head was dismissed and a new head installed. I was eventually able to understand that given the circumstances, my research would be the last thing on their agenda. However I felt disappointed that no one ever responded to my requests to even explain why they were unable to facilitate my access. My disappointment was even more acute because I felt that as a member of the Black community researching black issues, I did not expect to meet with a total brick wall.

I am now aware that one has to be prepared for any eventuality throughout the research process and have back up plans ready for when the original ones fail (Gerrish & Lacey, 2006). It is also easy to take disappointments personally and while this may or may not be the reality it helps to put the issues into a contextual perspective and remember that one's research is perhaps a small cog in a very big wheel which may be important to an individual student researcher, however others may see things differently. This was a difficult lesson for me to learn.

New decisions for data collection.

I had to set about finding schools that would be prepared to allow me access. After making numerous attempts to access schools in the south, the Midlands and the north, I met with exactly the same level of non-response that characterised the response from BME faith schools in my community. Schools would agree in principle over the phone, to give me access, however, once I turned up to keep appointments they had given me, they would tell me that they had forgotten or they were too busy, or they just informed me, once they saw me, that they were just not able to provide me with access as they were too busy with other things. Once more I became anxious and worried and began to question whether there was more going on that related to my status as a black researcher. If there was, all I could think was that this applied across the board to all the schools I had approached. This was particularly difficult for me to deal with since I consider myself to be very attentive to helping others when I have been approached for research purposes. Even where schools had a dedicated external person who I was told was responsible for requests for access, I received no response from the attempt.

I was beginning to sink into despair when I had my first breakthrough. After agreeing to become a volunteer in a local school, I received permission to survey the students. My second breakthrough came when a former colleague in another school, whom I had contacted, was able to secure access for me by approaching the head teacher on my behalf. Once the initial survey was completed, I attempted to regain access to both schools to carry out focus groups, as had been earlier agreed. However this was not possible and I was informed that the school was undergoing a period of tremendous change which included inspection processes that made it difficult for them to provide access to researchers at the time. I accepted the decision gracefully and was thankful that I had been able to gain initial access for the survey before the inspection took place. Messages were sent to all

participants to alert them that we would not now be able to undertake focus group sessions and to thank them for their participation so far.

Interview data issues

I targeted subjects to be interviewed by approaching black community churches in London and the Midlands, and used the internet to contact a large online organisation which services the black community. Further responses were received and followed up from their website. However I was in no way inundated with large numbers of willing subjects who were anxious to participate. Responses were minimal, however, they were individuals who, having read the details of the research, became interested and wanted to contribute, having met the criteria which I placed on the website. The learning curve was steep, a further timely reminder that the journey of the research remains unpredictable until the last questionnaire has been received and the last interview recorded. It is not until one is experiencing the anxiety of waiting for willing participants to get in touch, that one realises how vulnerable it can feel to be waiting with no idea who, if anyone, will get in touch. Having that alternative plan of action is equally important, and if this is not kept in focus, the time involved in moving on to another plan of action could seriously jeopardize the work. This is because interviews have to be conducted, transcribed and followed up to check for accuracy and any additional information. Having a prior plan of action with sensible timings becomes an important aspect of the research if time limits are to be maintained and frayed nerves are to be abated.

Colleagues and friends who urged me to keep going were of the opinion that having started, completion should be the only goal. These messages of support were very welcome as I had often rationalised about the process and wondered whether it was necessary and why it had to be so painful.

However, once the decision was made to change jobs in order to better facilitate the process, the gentle and supportive reminders from my friends

and colleagues that no-one said it was ever going to be an easy journey were gratefully received.

Impact of the researcher's background on the research.

Within all research paradigms it is generally understood that the background and perspectives of the researcher can influence the process (Malteroid, 2001). The qualitative paradigm particularly lends itself to this influence, and subsequently makes this perspective an important one to be aware of throughout the process. By virtue of being part of the world they are studying, social researchers become engaged in what some consider to be a subjective and reflective process, having the possibility of both aiding an understanding of the phenomena, while at the same time also lending itself to bias (Denzin & Lincoln, 2011).

The first requirement therefore is the need for an awareness of the possible implications in terms of the researcher's role throughout the whole process. Within this context, my own experiences as a member of the group I am involved in studying and possible assumptions prior to carrying out the study, are factors which I had to keep in mind as I approached the task of collecting, analysing and interpreting the data.

However, I cannot ignore the fact that my ethnicity and its relationship to the group I am studying are crucial to the actual project and the whole process of the research. Neither am I able to remain uninfluenced by the reactions and responses which I experienced. The analysis and interpretation of the data will inevitably be influenced by my background, since the possibilities are that my interpretation of the world will hold similarities to most or all of the participants. This, however did not negate or reduce the need for my continued awareness of remaining sensitive to the respondents who agreed to participate, with a moral responsibility to not only respect their contribution, but to recognise that the process could be

viewed as a one way exercise, requiring individuals and groups to give up valuable time, while getting nothing in return.

As a consequence, I tried as far as possible to offer back some time to those participating to not only answer additional questions about the topic being researched but to use my expertise as an educator to give advice and information about careers where I was asked to do so. The offer was also made to participating schools that agreed to take part in the project, in an effort on my part to give back something to the community, rather than just taking from them. With these issues in mind, this awareness enabled me to reduce bias as far as this is possible or even necessary, and to be able to reflect on aspects of the process as an 'insider' (Blaxter, 2001).

All researchers, in carrying out a project, inevitably become an integral part of the process, thus experiencing a range of responses and interactions from a variety of sources during the journey. These experiences and interactions provide valuable, though not necessarily always pleasant or immediately helpful insights into the research process and human interaction and reaction. This includes the participants and communities involved, the data gatekeepers whose permissions are necessary for proceeding, and the supervision process.

Planning for and administering the data collection aspect of this project provided a number of useful insights into processes relating to access and perceptions which are assumed when the world is faced with a black researcher who is also female. This observation was true not only from white communities but also from black communities. It became clear that during times of challenge, especially in schools, which was evident in all except the initial school which was used in the pilot study, researchers wishing to have access are not considered to be important.

In times of extreme and difficult circumstances, it could be unfair to have any expectations of appropriate working processes in public sector organisations. This is especially relevant in a climate of disruption, economic recession and extra demands on public sector workers, including teachers and lecturers having to embrace extended working, extended capacity in terms of student numbers, reduced pensions and greater accountability (National Audit Office, 2013). These add up to a recognition of the fact that in many if not most instances, a small project may not be considered to be of any significance in their larger complex day to day challenges. I eventually realised and acknowledged that the pressures and dilemmas faced by these organisations could have resulted in their lack of response, which was not necessarily personal. I hope, though that if the situation was reversed, that I would be much more accommodating of individual requests for access, even during difficult times. This is an important learning curve which I hope to always be led by.

In the application of Rolfe's final stage, of 'then what'? Overall, the experience of the journey has left me with a greater awareness of the complexities of the world of enquiry, and the need to constantly maintain a balanced and flexible approach in the face of challenges. This becomes even more important when juggling work life balance, and making allowances for unplanned events which impact on the work being undertaken. Perhaps the one thing that would be done differently were the process to be started again is to be aware at an earlier stage in the process, of the possibilities regarding access issues to data sources and its potential to slow the progress of the work if there are no built in contingent plans. In addition better self-awareness and planning early on has the potential to enable disruptions and setbacks to be viewed as a natural part of the process, while also facilitating an early back up plan to reduce anxiety and stay focused.

SUMMARY

The journey of this research provided an opportunity to engage with the complex world of understanding enquiry and the challenges which are possible or even inevitable as a consequence. Moving from 'novice' to 'new researcher' involved a steep and almost unexpected learning curve, which has made me much more alert to the need for an approach that is not fixed but dynamic, and of my responsibility to be ready to facilitate that dynamism. It is that flexibility, which, I believe will hopefully enable my next step as an 'expert' enquirer.

Chapter 7 CONCLUSION

Introduction

This research explored the experiences and perceptions of Black British African Caribbean people about nursing as a career, and the ways in which decisions about career choices are made. It questioned the extent to which decisions for choosing to participate in nursing as a career are influenced by the negative experiences of black parents, grandparents, family and community members who serviced the NHS during the post Windrush era. It also enquired about careers advice, knowledge about modern nursing careers, the image of nursing and the experiences of participants in nursing careers as students and in the NHS as qualified practitioners.

The findings presented in the research were discussed in relation to previous empirical work, education and UK policies, which were presented in the literature review. The specific aim of the chosen review strategy was to enable an understanding of the evidence from past empirical research that would inform the research questions and contribute to a better insight in hearing the voices of black British African Caribbean people, which was the specific required outcome for this research. The relationship of theoretical traditions which were acknowledged earlier in this work, in chapters one and two, have clearly had an overarching contextual impact on the outcomes of this study. In particular the role of multiple oppressive actions and their impact on individuals as interview participants in this study, is represented by the theory of intersectionality (Crenshaw, 1989). The influence of other theories such as the postcolonial perspective, migration studies and critical theories of race, is also clearly evident, and reflected throughout the study.

Influencing Factors

Influencing factors were reported as being based on a number of issues, which include low or absent careers advice during compulsory schooling, with students' knowledge and image of nursing lacking any input from structured information about modern nursing as a viable career choice. However, for participants who chose nursing as a career, decisions to join the profession were encouraged by their parents and families, and were not negatively influenced by parental and /or family experiences of discrimination in the NHS. This is in contrast to previous research findings (Baxter, 1987, Lee-Cunin, 1989). Instead, informal subconscious role modelling of mothers and grandmothers by their children appears to account for the decisions that were made to pursue a career in nursing. Participants choosing nursing as a career stated wanting to make their mothers proud of their achievement, especially where that mother's own goals for a nursing career had not been fully achieved. This is also a significant finding of this research.

Further findings of the research indicate that the present generation of black British African Caribbean people consider nursing to be an attractive career in spite of their own experiences of education generally, Higher Education systems and of the NHS as students and qualified practitioners. Four major themes were noted from the analysis as follows:

- Careers advice/choice for nursing
- Support
- Racism/discrimination
- Resilience.

These themes were found to be in three domains, using Rattansi's (2005) model, which recognises multi-level influences with macro, micro and meso processes (Figure 3) I have adapted this model to reflect the processes of institutional racialisation and ways that it can become a model for participation and inclusion, as follows: (Fig. 4).

Multi-level Influences on Participation – Institutional Racialisation.:

Watson's Model. Adapted from Rattansi (2005)

- Macro level processes imply institutional factors such as recruitment, selection, acceptance and attrition levels of national and local institutions, and school and university experiences and their contribution to 'institutional racialisation'.
- Meso Level processes indicate community influences which include the advice and support of parents, family, peers, and neighbours. These support networks are crucial to the ability of black British African respondents for coping effectively with their experiences.
- Micro Level Processes include individual / personal factors, such as personal choice of a career in nursing, even where careers advice may have been absent, survival and coping strategies throughout the education system, personal resilience, motivation and determination despite personal experiences of unfairness and discrimination.

Watson's Adapted Model for Effective Participation and Inclusion, Nursing Education.

In order to use this model effectively, providers of nursing education need to respond to the following areas to foster an inclusive approach that shows commitment to action in terms of recruitment, selection, and successful completion of a nursing program for black British African Caribbean participants:

Macro Factors -

- Local partnerships and black communities to be consulted and included in recruitment and selection processes for nursing careers.

- Careers advice for nursing should be structured and accessible, with student friendly information to show progressive pathways in nursing, and the range of opportunities that are possible.
- Institutional support should be harnessed to enable recognition of, and need for specific monitoring to ensure successful participation for black British African Caribbean students of nursing.
- Structures used should ensure institutional accountability for recruitment, selection and successful completion.
- Discrimination to be addressed to show responsible commitment to its eradication in workplace.
- Curriculum development should inform and ensure sensitivity to ethnicity, race and racism.
- Addressing gaps in employment of black professors.

Macro (institutional factors) identify the need for effective careers advice for BBAC children and young people that provides appropriate knowledge and information about career pathways of modern nursing (figure 4).

Recruitment and selection onto nursing courses should be done in partnerships with local communities, through schools, colleges and community organisations. Further macro factors need to include bespoke institutional support, which may have to be independent of the educational provider and provided, or monitored by an independent body, for example by the black voluntary sector. The application of curriculum development should support sensitivity to the representation of ethnicity, race and racism, which explores much more than ethnic foods and childrearing practices.

Meso Factors:

- Foster empowerment for black British African Caribbean students to encourage active community support from the black academic community.

- Harnessing social and cultural capital to ensure successful engagement for success.

Meso factors include a recognition of the importance of community social and cultural support, and ensuring that this is valued as social and cultural capital which students must have in order to survive educational environments. Effective engagement with local communities including the black academic community during recruitment can serve to empower and encourage potential students to recognise and build their social support systems and networks before they commence their programmes of study and while they are on program.

Micro factors

- Valuing black British African Caribbean students as individuals.
- Recognising and embracing their motivation and resilience.
- Showing commitment to ensure transparency in structures and processes.
- Recognising rather than denying the existence of institutional racialisation and its potential to have a negative impact on individual experiences.
- Take responsibility for action to eliminate racialisation and promote antiracist education and clinical practice as an ethical response to continued workplace and HE marginalisation.

Micro factors include valuing individual students and recognising their personal resilience, by ensuring transparency of structures and processes and admitting the role of institutional racialisation. The ethical implications should be emphasised and individuals made aware that continued institutional racialisation of BBAC people is not sustainable, neither is it helpful for building effective participatory diverse communities in 21st century UK.

The intersectional nature of gender, social class, institutional racialisation and discrimination continue to be embedded in the experiences of BBAC

participants in nursing education and clinical practice. This is despite over two decades of policies aimed at reducing the impact of discrimination and specifically racism (RRA, 1976, DH, 2006, RRA (Amendments Act, 2001, Equality Act, 2010). These factors have also influenced the experiences of members of the migrant black community who serviced the British NHS through its early years of inception (Baxter, 1987, Lee-Cunin, 1989, Iganski, 1999, Beishon et al, 1998, Grainger, 2006, Gerrish et al, 2001, Kramer, 2006), and continue to be a part of the experiences of present generation participants.

Interview participant responses encapsulate a continuation of the struggles of black British African Caribbean people as individuals, families and communities, to engage positively with building structured and functional participation in UK society (Stanislas, 2010). The support given to the NHS by early black migrant workers contributed to ensuring that the British NHS was able to survive and become a bedrock of health care provision (Kramer, 2006). Despite continued challenges faced by the NHS, and the many negative outcomes experienced by Black Caribbean migrants who have serviced it, it still remains a service which the British public loves and wants to keep (DH, 2006, 2012). Equally, although the experiences of BBAC people remain racialised, they are also generally keen to continue to build on earlier migrant contributions which cannot be so easily forgotten by the NHS.

The complexity and intersectionality of BBAC experiences remain an enduring concern. This is in terms of multiple oppression based within a continuous genderised, racialised and social class impact. This is in spite of many initiatives aimed at reducing discrimination and improving the working lives of BME participants in the NHS (RCN 1997, 2005, Race Relations, Amendments Act, 2001, Equality Act, 2010, DH, 2012). Their experiences need to be recognised and responded to from

individual, professional, academic and the political perspectives to ensure continuous and sustained efforts in improvement of the experiences of BBAC people in nursing education and practice. The RCN's 'Diversity Champions' Initiative' (RCN 2005) is one example of good practice which emphasises the need for individual and corporate commitment in this regard thus improving the clinical practice experiences in the NHS. In an economic climate of recession, which is currently a problem in the UK and worldwide, a recognition of the value of diversity as good business sense, is a positive contributing factor to workplace attitudes. Diversity champions in the NHS and indeed in education, should contribute to this awareness. NHS Employers, is the organisation which provides support to enable the focus of all activity in the NHS to put patients first(<http://nhsemployers.org>). There is an expressed requirement in the Health and Social Care Act (2012), which puts a duty on the NHS to ensure that it is improving and increasing opportunities for young people, the unemployed and multi disadvantaged groups in society, with in which BBAC people are over represented. This corporate social responsibility is reflected in the commitment to issues of equality and diversity, which NHS Employers have continued to show commitment to. Building on past achievements must remain as a major focus in the new culture of the graduate nursing profession.

Black British African Caribbean participation as nurses in the NHS may be diminishing, as identified in the literature (Baxter, 1987, Lee-Cunin, Iganski, 1999). Although more recent trends show that there is slow increase in the numbers joining the profession, (UCAS 2012, 2013), BBAC people are still not strongly represented as students and practitioners, and attrition levels continue to be problematic. However this research did not identify an unwillingness to join the profession due to the treatment of their forbears. Neither are BBAC people being advised not to join the profession by their parents. They continue to make attempts to join the NHS as

potential students and eventual practitioners, despite its reported treatment of earlier BME participants (Iganski, 1998, Grainger, 2006), UCAS, 2007-2012). In this respect, nursing is perceived as just another career, like any other, rather than one to be shunned because of its treatment of black migrants who serviced it. According to one participant:

'Racism is out there and in every career....so I would say to anyone, nursing is a great career...as my nan says...it doesn't have to be all about them....'

This finding presents an optimal opportunity for educational institutions and sponsors of nursing students in terms of recruitment, selection and commitment to enabling successful completion, as nursing enters a new phase of the 'all graduate profession'. The issues facing the future of the profession and nursing educators are certainly critical, if effective participation by BBAC people as graduate students is to be encouraged and realised (Johnson, 2012). Within the context of diversity, and in a climate of financial austerity and reduced funding to public sector services, including education and the NHS, a commitment from all stakeholders is imperative. It needs to be considered in the context of the agenda for overall health improvement of a diverse society in which everyone can actively participate without fear of discrimination (WHO, 2001, DH, 2003, RCN 2007, DH 2012). In addition, student wastage from educational programmes through attrition is a problematic financial challenge in terms of the development of a sustainable workforce (Mulholland et al, 2008). The recent announcement that very large numbers of qualified nurses are deliberately leaving the NHS (Health Services Journal (HSJ) 2013), should signal to policymakers and other stakeholders the need to look again at the organisational culture of the NHS and ensure that all its staff, including BBAC people are valued. There are numerous policies to support this agenda, (DH, 2012, 2010), however, stakeholders should be held accountable and responsible for ensuring that policies become good practice rather than simply rhetoric. The equality duty could provide the basis for

this to be implemented, but commitment needs to include a process of outcomes monitoring which perhaps need to be linked to funding, in order to focus organisations to address the culture in an NHS which still continues to struggle to move beyond institutional racism and racialisation. (Dangerfield, 2012).

The intersectional relationships of ‘multiple oppressions’ continue to impact on the experiences and perceptions of BBAC people. Although they are British in every sense of the word, they are distinctively black, and highly visible, a fact from which they are unable to remove themselves at any generational level. The consequence is that they continue to struggle to make sense of the way they are perceived both institutionally and individually. This includes the varied ways that these perceptions influence their attempts to participate in nursing as a career. The negative perceptions overshadow whether they are selected in the recruitment process, for a nursing career, their experiences as a student if they are selected, attrition rates and for those who endure to the end, their attempts to build a career for themselves as qualified practitioners. Being a ‘visible minority’ (Johnson, 2008), continues to be an issue that drives responses to them in HE and in the NHS. This is further undermined by stereotypical memories of the persistent underachievement debate which appears to have a negative effect on their acceptance and progress both in HE and in the NHS.

Policy responses to the continued presence of racism in the NHS have been wide ranging (DH, 2007, Race Relations (Amendment) Act, 2000, DH, 2003, Equality Act, 2010). In addition, the RCN’s diversity champions initiative, previously discussed, (RCN 2007) aims to ensure that there is local ownership of diversity awareness through the appointment of individuals in the NHS to champion this initiative. The diversity toolkit, is used to increase commitment of everyone in the organisation to respect and support the diversity of the workforce (RCN, 2007). However, these

initiatives need to be evaluated to assess the measure of their effectiveness. In addition, linking them to performance targets in each workplace is one possible way to keep the agenda alive, since the problem is slow to diminish.

Choosing nursing as a career option, studying and eventually completing and qualifying as a Registered Nurse (RN) is still a challenge for BBAC students. To be able to effectively and successfully navigate the system, they must have the support of the institution along with that of their families and community. Institutional support was reported by participants as problematic, it is imperative if they are to be assured of success on a program of nursing studies (Harrison, 2004). However, previous negative experiences of other black migrant participants in the NHS are not enough to discourage them from wishing to join the caring profession. In this respect they share not only the determination of their forbears as survivors, but also the experiences of Mary Seacole, who was not discouraged from participating by rejection (Robinson, 2004, Anionwu, 2005). While their acceptance levels on nursing programmes of study in most educational institutions remain low, in comparison with their application attempts (NMAS 2004-2007, UCAS 2007-2012), this is not based on any personal choices they may have made to shun the profession of nursing as a career choice. Nursing as a career is still an attractive option, to which a substantial number of Black British African Caribbean people attempt to apply (Grainger, 2006, UCAS 2007-2012).

Getting selected on a program of studies after the application stage is still determined at local levels by institutions with their own individual selection criteria, with no standardised national guidelines. This is in contrast to the police services, where implementation of national standards of recruitment and selection to the force is now in place, and police education is now delivered by the HE sector (Stanislas, 2013). Where local

guidelines are available, there is still no standardised way of ensuring consistency. As a result, selection is determined by astute white middle class 'gatekeepers' such as those identified by MacPherson (1999). They ensure that numbers of Black applicants are kept to a bare minimum, however, there is no accountability trail for the process, even though figures for application and acceptance rates are all published.

UCAS admits that information about ethnicity is passed to institutions (UCAS, 2012), however, if Black British applicants manage to get through the selection process, their attrition rates continue to be problematically high, and their experiences are much the same as their migrant forbears, where a multiplicity of factors come into play to influence their progress and eventual completion (Alexis, 2009). This is regardless of the fact that they speak English as their first language and have lived consistently in the UK. Factors can be classified using the conceptual multilevel framework proposed by Rattansi (2005) and its application to inequalities in educational attainment, in this example, to Higher Education (Phillips, 2011) It recognises the process of racialisation to which BBAC individuals are subjected. The persistence of the underachievement stereotype from the school system follows Black British African Caribbean people, who are perceived as not being able to cope with the program even where they may have entered with very good grades including traditional A levels. This is reflected in the data analysis for this research which showed the majority of interview participants as either having four A levels or have achieved a previous degree in another subject prior to joining a nursing program. Yet, some were told that they did not have the capacity to complete a nursing degree, despite their earlier qualifications. Within the context of this debate, a better understanding of the specific needs of these participants as students and qualified practitioners has to be emphasised and supported, and the use of initiatives to raise awareness that will

contribute to challenging old assumptions will ensure a more inclusive approach (Mulholland et al, 2008).

Strengths of this study

The emphasis in this research was specifically on hearing the voices of Black British African Caribbean people as participants in the British education system, students of nursing and qualified practitioners in the NHS. This study used a 'life stage' approach to enquire into factors which influence their participation as students of nursing and as clinical practitioners. Much work has been done on BME groups generally and specifically, including migrant and mixed migrant groups (Henry, 2007, Lee-Cunin, 1989, Baxter, 1987, Iganski, 1998). Research about Black British African Caribbean people as a specific group tends to be subsumed within the wider BME groups, hence there is a dearth of research relating specifically to them. While they share many similarities with the wider BME groups, the major difference is in the underachievement debate which underpins negative perceptions about them and tends to follow them into HE where it affects responses to them and their ability to cope within the system. This study was able to provide an account of perceptions and experiences of black British African Caribbean people across varied life stages from school through to university and as clinical practitioners. This enabled their specific voices to be heard as a cohort whose ancestors made significant contributions to the British NHS, which, despite its controversies, still remain a much loved and respected institution by the British people.

Black British African Caribbean people are identified in the literature as having very low educational attainment outcomes in HE even though they have been reported as being much more likely than their white counterparts to choose higher education (Modood, 1993, 2004, UCAS, 2012). It is still not clear why their success rates remain low, especially when compared, for example to African people in HE, black Caribbean migrants

and British Asian people. Some studies have looked at success factors of Black students (HEA, 2011) but these groups are mainly mixed and did not explicitly explore the BBAC experience. They are therefore unable to be truly representative of the BBAC experience, since success factors may be positive for black African experiences but are not necessarily reflective of black British African Caribbean experiences, which are distinct and different.

Black British African Caribbean people bring a perspective to education including Higher Education, and to the workplace, which has elements of controversy and sometimes contradictions. For example in schools, black girls were labelled and perceived as loud, and black British African Caribbean students are generally considered to be more challenging and less academically inclined (Archer, 2010, Holland,2010.) when compared to some other BME groups, they are also perceived as being less willing to tolerate overt or covert racism, resulting in higher attrition rates, and in lower employment levels, which labels them as problem students (Henry, 2007, Holland & Hogg, 2010).

Limitations .

Sample sizes overall for this research were small and purposive, and were drawn from the Midlands, the North and the South of England to be representative of views from most of the UK. The study however, was an exploratory one, which did not set out to generalise. Instead the aim was to gain further insights into the phenomenon of participation of Black British African Caribbean people in nursing education, and nursing careers given the long standing yet troublesome and controversial relationship of the black African Caribbean migrant community with the NHS, and the early debates about their representation in the profession as students and employees. It is also set against the changing context of the NHS, nursing education and of HE.

This research continues the discourse by exploring the developments in terms of what has changed and how the changes have affected Black British African Caribbean people who try to participate in the NHS as students and as practitioners. Their voices are distinct and clear, as identified by this research.

This study has made an important contribution to the knowledge base by being the first of its kind to specifically listen to the voices of black British African Caribbean children, young people and adults as a cohort, about their perspectives on nursing careers and careers advice. It has shed further light on their participation in the NHS and nursing careers, by identifying that despite long standing and contentious issues which plague the relationship of early migrant contribution to the NHS, Black British African Caribbean people are still willing to participate and are usually encouraged by their families rather than prevented from making application to train as a nurse and join the profession. They are equally happy to also encourage their own children to join the profession if they so wish, and do not intend to ever discourage their children from choosing a career in nursing. If their presence in nursing education and clinical practice is diminishing, education providers and the NHS will have to investigate organisational structures and processes and the impact of institutional racialisation on experiences as they make robust attempts to participate effectively.

“Racism is out there, and in every career... It’s not all about them....” The above statement is an observation made by a participant in this study, indicating that the emphasis need not be just about the system and its discriminatory impact, or the actual treatment but on the wish to gain a career and get on with living and participating in the society.

Implications for Race Relations.

The Equality Act (2010) is clear in its requirement for a continued emphasis on equality in all areas of life. The extent to which this is effective is questionable. The amalgamation of the Commission for Racial Equality into a larger 'equality office' has also eroded the level of support for this strand, and is a result of cuts in public spending over which the present coalition Government presides.

Implications for Black and Minority Ethnic Older People - And Providers of services for them.

“ If no one at the hospital or the GP’s surgery looks like me.. How can they understand my needs?” (Stephens, 2011)

Black migrant workers in the UK are approaching retirement in large numbers and making demands on the NHS for health care to which they are entitled (Age Concern, 2007, ONS, 2012). Reflecting the diverse needs of the community needs to be seen as an imperative for service provision. To do this effectively, NHS and HE providers have to be held accountable for ensuring that this is achieved. Since the literature identifies access problems for BME communities (Tetley, 2011) the problem of ensuring that the needs of diverse communities are appropriately met remains an important policy item.

Providing culturally competent care needs to be linked to the staffing profiles of service provision, to provide care by those who understand their needs and appreciate their culture. An understanding of needs has to move beyond issues of merely 'rice and pulses' (Allen, 2010:3), identified as a simplistic consideration of what foods people do or do not eat, instead of focussing on the more important issues of access and sensitivity of the services to their wider physical, spiritual, psychological, and cultural health

care needs. Enabling an organisational culture that visibly represents the diversity of the whole UK in its service delivery provision will be a major step forward in helping BME communities to have a measure of self-confidence when using services. Stephen's observation above as echoed by one BME service user shows the concerns that BME users have about how their needs are perceived, understood and delivered (Stephens,2011). A respondent in this research commented as follows:

'.....if they really want to teach cultural sensitivity, there has to be cultural inclusion....train more of us and support us...not harass us when we just want to do our jobs well.....'

If this concern is ignored, this is further evidence of a lack of sensitivity when commissioning, planning and delivering care in and for a diverse community.

Implications for nursing Education.

The use of mentoring programmes provided by some educational institutions to support BMEs students in Social Work and other programmes of Higher Education (Tope, 2012) has been a positive and responsive way forward by some HE providers. Frameworks for support require focus and commitment across all HE institutions if consistency is to be achieved. There have been efforts made to address this by some HE institutions and other disciplines, with supporting funding from the Higher Education Academy (HEA,2011, Dean, 2011). However within Nursing Education, this is an area that could benefit from intervention for BBAC students, especially within the context of the new all graduate nursing program. The aim would be to recognise the need for Black British African Caribbean students to be able to have the opportunity to engage with a culture sensitive approach to their support needs in HE. However, this would have to be done in a manner which does not expose them to

further stigma as having or being given special treatment, hence continuing the stereotype of 'underachiever and unable to cope'. From the participants in this research, many black British African Caribbean students who enter the Higher Education system do so with excellent Ordinary and Advanced level (O and A Level) grades. However, the possibility to be labelled as being allowed into universities because of 'Positive Action' initiatives, runs the risk of the assumption of them as problems with the associated stigma that this could bring (Hatt et al, 2007).

Notes in the researcher's diary record a conversation with the parent of a child who was studying at Cambridge University. The parent reported her daughter as saying that at her induction day at Cambridge, she was repeatedly asked if she had gotten in via the access scheme. However, she has five A levels, and had received her place at the prestigious university purely on merit. Her mother further reported that she had to take action to ensure her daughter was not thrown off the program, as the support was nearly all Eurocentric and was not helping with her progress. Widening participation programmes which were meant to include all those who may have failed in the schools system and hence, were entering education through the access to Higher Education routes are promoted with special emphasis on BME communities. The evidence is not clear that they are the major beneficiaries of the scheme generally or in nursing education specifically. Moreover, access to nursing degrees in the past was only ever possible for students with the very best O and A level grades. However, for the participants in this research with another degree or good O and A level grades, these did not in any way contribute to greater acceptance and support of them on the program. They still reported feeling isolated and being treated differently from their white peers.

Entry qualifications for the recently new development of graduate nursing, (DH, 2010) continue to be determined locally by each educational provider.

The possible impact of graduate provision on selection and retention to enable successful completion cannot be ignored (Johnson, 2012). It was identified sometime ago that there was a clear need for education providers to take into account the long history of underachievement of Black British African Caribbean children and young people and make allowances for this problem (Baxter, 1987, Hagell & Shaw, 1996). That allowance should have taken place through widening participation initiatives which was meant to signal a positive intent. However there is potential for it to further add to the burden of the Black British African Caribbean experience of being stereotyped and stigmatised into and out of roles at the whim of others (Hatt el al 2005).

Implications for Nursing Practice.

Clinical practice for students and practitioners in this research led to a mixture of positive and negative experiences. Where participants were lucky enough to get good mentors in their clinical practice, who were prepared to make honest and fair assessments of clinical performance, this was offset by some university tutors, who refused to accept the decisions of clinical mentors, and would over-ride the results. In other examples, mentors in practice were less than supportive, with some interview participants reporting being ignored by their mentors and left to find their own learning experiences without any guidance. Mentorship is a problematic provision in the NHS, where qualified practitioners are expected to provide support to students but are not remunerated for this service. In a climate of NHS funding reductions and staffing cuts, mentor availability is severely challenged and adds a layer of stress to an already difficult role. This has an impact on all students. However BBAC students in this research reported that the main driver to good support from a mentor in practice was luck. The Royal College of Nursing (2007), in its Diversity Toolkit, advocates that diversity and equality in clinical practice is 'everyone's business' (P.

81). The effectiveness of the toolkit needs to be evaluated to assess its usefulness in reducing negative outcomes for Black British African Caribbean students and staff. The appointment of local 'diversity champions' was also expected to keep the issue of diversity high on the agenda and ensure that discriminatory actions were reduced or eliminated. In addition, NHS Employers ensures that the momentum is sustained through its diversity and human rights initiatives. The effectiveness of all initiatives should be continuously evaluated to confirm their overall impact. The establishment of the 'Seacole Scholar', an initiative by the Royal College of Nursing, has ensured that BME issues which impact on health and wellbeing can be investigated in practice, with financial support (Clarke & Rogers, 2012). While participants in the study referred to Mary Seacole, none of them mentioned Seacole Scholars, or showed any awareness of them, although this was not a question on the interview schedule. Since its inception over a decade ago, it has had some effect on the awareness of and research into ethnic factors which influence disease (Serrant-Green, 2005, Clarke & Rogers, 2012).

Implications for Nursing/Education Management

Managers at all levels in the NHS and in HE, should take responsibility for actions that discriminate in the workplace. In the spirit of recognising that 'diversity is everyone's business' (RCN 2011:81), leading by example has the potential to have a positive impact on workplace perceptions of BME people. There were numerous examples of senior staff who regularly behaved unfairly, in some instances warning off interviewees against formally complaining. The decision to take out a grievance by anyone let alone by a BME employee is not one which is ever taken lightly, as the study showed. Interview participants commented on thinking very carefully before deciding whether this is something they wished to pursue. To be

discouraged by senior managers adds a layer of stress to an already sensitive problem.

Taking out a grievance is possible for any employee who wishes to do so. It is a manager's responsibility to ensure support for staff who feel that this is something they wish to do. In this respect, accountability to uphold policy requirements is important for everyone, if the interface of policy and practice is to be reduced. It is acknowledged that grievance process is a challenging issue for Black British African Caribbean participants in the study. They make personal decisions in a selective manner about whether or not it is worthwhile to formally challenge their colleagues or the institution using the organisation's grievance processes. The decision is usually based on the importance of the challenge to their ability to stay on as a student or a practitioner. Where this appears to be threatened, students or qualified staff will mount an appeal usually at great emotional and financial cost. Diversity champions in clinical practice could also have a positive impact where this has been introduced in the workplace.

In the current climate of increasingly rapid changes in education generally and HE specifically, there is a greater emphasis on the student as a consumer, because of the increasing costs of education. University education became fully fee-paying in England from 2012. Universities now have to compete for students, which forces a greater awareness and systematic response to ensuring that they are able to attract students onto their qualifications. Subsequently the student study experience is now a major area of concern for the majority of HE institutions as they are forced to respond to the annual publication of the student satisfaction survey.

Improving the study experience is a key agenda, which will ultimately affect funding streams for courses. It is possible that this new emphasis will force a new awareness of the responsibility of institutions to ensure that they are

contributing to an inclusive approach by addressing issues of recruitment, selection, attrition and successful completion of all students, including BBAC students, given their particular circumstances as reported in the literature. The Higher Education Academy (HEA) currently offers funding to individual academics who may wish to explore and develop support packages that will support BME students (HEA 2011). HE institutions that participate could eventually become recognised as centres of good practice in terms of ensuring that BBAC students who join their institution are supported to successfully complete with a good study experience that recognises and builds on their strengths rather than emphasises and exaggerates their weaknesses.

The Future and further work

While this thesis points the way forward, there is still a dearth of research which specifically considers issues relating to the way that Black British African Caribbean people are perceived in nursing practice and in HE institutions. Their voices have been subsumed within the shared experiences of all BME groups, leading to a subsequent lack of acknowledgement of the distinctive factors which challenge their efforts to participate. The area of career choices and structured advice for nursing participation remain an important area for future research in terms of professional, educational and political issues in a diverse society such as the UK.

While it is acknowledged that where small samples have been utilised in research, findings should not be generalised, and need to be interpreted with caution, in the case of this research some of the findings appear in to be similar to previous findings in this area, particularly to do with issues of racism and discrimination. Additionally, the research has provided new insights which identify BBAC people as wanting to view nursing as a regular career, which they think is quite attractive, despite the absence of structured nursing careers advice, poor knowledge about its modern status

and opportunities and some image issues, including the way their migrant parents and grandparents were treated by the NHS.

The need for further work remains, which could explore the perceptions of white university lecturers in nursing about Black British African Caribbean participants in HE. This could include application, selection processes and attrition rates of individual institutions, with special focus on bespoke support systems and student/staff ambassadors. Student satisfaction surveys are now an annual feature on which all universities have to report, as discussed earlier. However it is unlikely to be reflective of BME experiences without ethnic breakdown of the participants. Findings, though, are published and all universities will be eventually held to account for poor student study experiences which should keep the participation issues of all BME students as part of the discourse. Black British African Caribbean student support and participation will need to be examined in all institutions where acceptance and successful completion rates are lower and where attrition rates are higher for BBAC students who gain a place on nursing programmes. In addition HE institutions will need to respond to the issue of very low numbers of BME academics in HE and their stagnant positions within it (UCU, 2011). Accountability at commissioning level could also help to focus minds on the importance of promoting and fostering diversity in the NHS and in HE.

Summary

“The creation and maintenance of independent black institutions is a critical structural precondition for meeting black needs, particularly in providing education and support to families.....especially the young.....” (Stanislas, 2010: 208.)

The above statement echoes what may be considered as an idealistic situation in a culture where educational provision is provided and ordered by the state. It was first suggested publicly by Lee Jasper (2001) who was then policy advisor on matters of race, to the Greater London Council. Jasper argued that the black community needed to take action and claim responsibility for their children's education. In his view, this was necessary to reduce the bullying that black children was experiencing in schools by white teachers. Jasper's controversial comments did not go unnoticed, and was reported by the BBC (26/6/2001). Not everyone agreed with him at the time however, and some argued that the idea was not feasible given the very few black teachers in the UK, and runs the risk of compromising on quality educational outcomes (BBC 2001). The black community, however, has a long history of taking action to improve their children's education (Andrews, 2013).

The black supplementary school movement has a very strong past history of resistance and support of black children and young people with their educational goals. The support originated from the black voluntary sector, families and black churches. This was in response to and following the publication of Coard's (1977) report. There are currently discussions taking place in the Black African Caribbean community, aimed at reviving this movement and building on the strengths of supplementary schools which currently remain. However, Andrews, (2013) argues that the supplementary school movement lost its initial ideology and focus, which he suggests were mainly based within the context of resisting racism in education and not merely on teaching children how to pass exams, although that was an acceptable and desirable outcome. The loss of that approach, Andrews argues, may have been responsible for its gradual loss of influence on main stream education.

Black parents may consider the idea of creating and maintaining their own educational structures, especially in the post-secondary sector a daunting task especially given the fact that they are UK taxpayers and have a right to expect appropriate services including a decent education. This is a fair and appropriate response, as it is widely known that the influence of the first seven years of life is the most important (Bandura, 1977). However, reviving the Supplementary School Movement could hold the key to continue to ensure that black children receive culture sensitive educational support which recognises and values them as individuals at the most important point in their development when they are still young as stated by Stanislas (2010). This may become an important requirement to restore the confidence of BBAC children and young people, given their position in the social structure and continued erosion of their cultural and human capital (Stanislas, 2010). However, drawing on the example of the USA the establishment of Black schools, colleges and universities served as an important initial way of launching the black community on its own path to educational achievement, including nursing (Clarke-Hine, 1989). This early emphasis, which was outside of mainstream American nursing education, was responsible for ensuring that there was a suitable pool of well qualified academic black American nurses. This awareness became a reality in the UK with the senior appointment of an African American female by the Royal College of Nursing some years ago. Although there were appropriately qualified BME nurses at the time, the problematic glass ceiling was, and is still a major issue in some of their experiences (Mayor, 2005, NHS, 2009). Dr. Beverley Malone remained in office for over five years before returning to the USA (RCN, 2005). The significance of her appointment lay in the fact that there were appropriately locally qualified BME candidates, however the RCN was prepared to recruit from the USA for this important appointment. It is debatable whether there was any significant impact of her employment on issues facing black British African Caribbean students and staff in the NHS and in the HE sector.

Black American nursing achievement was specifically set within resistance to racism and a culture of separate education, to enable high achievement among black nurses. The experience of Black African Caribbean people in the NHS is not comparable to the Americans where black nurses, if they wish to do so, still have the opportunity to be educated in an environment which recognises, respects and responds to their cultural needs. Dr. Malone was an American PhD nursing graduate, and early nursing post graduates at PhD level only recently became more common in the UK. Initially, the majority of UK graduate nurses, including black nurses with a PhD were not PhD nursing graduates. The same was also initially the case for those with a Masters degree. Most nurses were forced to undertake graduate studies in subjects other than nursing because of a scarcity of academic nursing provision at the time. This was as a consequence of the way nursing education evolved over the years, as discussed in an earlier chapter. However, since the appointment of Dr. Malone, the UK has seen a small rise in the number of black nurses who have been supported to break through the academic glass ceiling. Some have gained post graduate qualifications in the subject of nursing, while others have been able to get onto senior management positions in the NHS (Baah-Mensah, 2011). Support continues to be a key factor at all stages in enabling progress.

The RCN's Seacole scholarship which was also discussed earlier has been a major aspect of institutional support for those who managed to survive the HE experience and make it to qualified nursing practitioners. However, based on this model, a wider and more inclusive agenda would be a systematic and structured emphasis on strong supportive networks across the education system, from primary schools through to Higher Education. This could contribute to ensuring that black British African Caribbean participants receive culture sensitive support, provided by a range of people. This in no way diminishes the requirement of the removal of barriers such

as workplace discrimination and HE inertia by holding administrators in these environments responsible and accountable. Support should include members of their own community, as buddies, ambassadors and mentors who share their experiences. At the primary schools level, there are already examples of this occurring across the sector, which includes mentoring schemes in inner city schools and structured support for black boys, run by the voluntary sector (Sewell, 1997, 2010, Gilborn 2008.) For Higher Education, there are some examples of general structured support (Tope, 2010), but this is not consistent across the sector.

This study supports and acknowledges the need for a multilevel approach when dealing with the continued challenges of access and participation in nursing education and practice for Black British African Caribbean people. The approach needs to reflect the intersectional nature of oppressive actions which impact on, and influence their experiences and perceptions of nursing as a career choice.

In particular it also identifies the lack of structured careers advice as a major contributory factor in the weak knowledge base of Black British African Caribbean young people about nursing as a career. This needs to be suitably addressed to bridge the gap so that students can be effectively channeled into making informed decisions, based on up to date and relevant information about the changing face of nursing as a career in the 21st century. Without this important input, the influence of the media will continue to provide an inappropriate image of nursing as a low level career, while glamorising areas such as acting, singing and athletics, and does not reflect the developments of nursing as a modern 21st century career (Reynolds, 2005, Middleton, 2011).

There is a need for the recognition and adoption of bespoke systems of institutional support which acknowledges the limits of social, cultural and human capital from an institutional perspective, and hence provides

structured mentoring which is culturally sensitive and relevant to the needs of BBAC individuals in HE. For example, black academics in HE are reported as under-represented, and also facing continued racism, discrimination and lack of promotion (UCU, 2012). Yet their visible presence could have the potential of strengthening black British African Caribbean people's resilience and motivation, which they develop in response to the stressful experiences of unfairness, discrimination and racism (Carter, 2008, Crozier, 2005). Institutional support is already a feature of other professional qualification structures in some settings. An example is social work (Fletcher, 2012), where a toolkit is used to provide a bespoke mentoring support scheme for Black students. It is proposed that similar bespoke schemes for Black British African Caribbean Nursing students where and if they already exist should be evaluated and disseminated and if they do not exist, that HE institutions consider introducing these as a standard part of their provision.

The challenges of this support can be understood within the context of the continued problematic position of BME staff in HE (UCU, 2012). The application of an intersectional approach to contribute to redressing the problem is justified given its role in creating the problem.

Finally, the conclusion can be summarised in the words of Clarke-Hine (1989) quoted below. It recognises the continuous struggles of black British African Caribbean people to remain a part of the solution despite having to cope with enduring negative perceptions about their abilities and capacity to engage positively. As a result they are stereotyped in or out of effective participation in nursing and indeed in other careers. Personal resilience and determination, with strong parental and community support reflect the enduring intent of their forbears and, indeed their ancestors.

“ We shall not be left out”(Clarke-Hine, 1989: 1)

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APPENDICES

APPENDIX 1

N. A. W.

22/07/2008

-

To: Tom Moore

Thank you Tom for letting me know. I will look out for the letter in the post.

Best wishes Naomi

From: Naomi Watson (naw9499@hotmail.com)

Sent: 22 July 2008 19:28:38

To: Tom Moore (tmoore@dmu.ac.uk)

Thank you Tom for letting me know. I will look out for the letter in the post.

Best wishes

Naomi

[Actions](#)

Tom Moore (tmoore@dmu.ac.uk)

22/07/2008

-

To: naw9499@hotmail.com

Cc: [REDACTED]

Hi Naomi

Ethical approval has been granted on your recent application (ref: 387). I have posted the approval letter to your home address which was included on

the proposal and have also sent copies to Mark and the Research Office so they are aware of the approval.

If at any point you need to amend your application please contact me or hlsfro@dmu.ac.uk quoting ref: 387.

Regards

Tom

Tom Moore

External Project Coordinator

DeMontfort University

APPENDIX 2

PARTICIPANT INFORMATION SHEET

Study working title: Factors which influence low levels of participation of second generation African Caribbean people in Pre-Registration Nursing education and the possible implications for health care delivery and practice to a diverse British population.

You are being invited to take part in this research. It is about careers in nursing among black British African Caribbean people. However, before you make this decision it is important that you understand why this research is being done and what will happen as part of it. Could you please take some time to read this information sheet carefully and if you wish to discuss it with others then please do so. If something is not clear or if you would like any further information then please do not hesitate to ask us. Take all the time you need to decide whether or not you wish to take part in this research. Thank you for reading this.

The purpose of the study:

British society, in which we live, now consists of different groups of individuals comprising wide and diverse cultural perspectives. There is a Government requirement that those who provide services, especially health care services, ought to reflect the diversity of our society and local communities. The National Health Service (NHS) has been strongly supported in the past by significant contribution from African Caribbean people. They were directly recruited by invitation to help keep the NHS functioning effectively at a time when this was not considered a popular activity by local people. The country was trying to recover from two world wars, and policy makers such as Enoch Powell, was desperate to get as much help as possible from the then British colonies.

Over the years, the numbers of British born Caribbean people participating in nursing education and careers in nursing appear to be very low or nearly non-existent. This project aims to investigate this phenomenon in order to try and identify the possible reasons for this and the implications this could have for diverse British communities. Ultimately this will help the NHS in terms of recruitment, selection and attrition, and its commitment to work toward diversifying the health care workforce. (DH 1998, 1999, 2000 2001, Clinton et al 2004). It will also help the Black African Caribbean community in terms of planning for health care to senior citizens in the community.

The aim is to administer a questionnaire and interview individuals. We may also ask for participation in focus groups with male and female children and young people from the African Caribbean communities. We would like to get the views of young people from within the African Caribbean community.

We will provide refreshments.

Why have I been selected?

You were selected for this research because you belong to the community we aim to look at in this research.

Do I have to take part?

It is completely your choice if you decide to take part or not. If you do decide that you wish to take part then we will give you this information sheet as well as a form on which we will record your consent. Nevertheless if you do take part then you can still pull out at any time if you wish to do so and we will not even request a reason from you for your decision. Taking part (or not taking part) will have no effect on any services that you are currently receiving from the NHS or other welfare services.

If I take part then what will happen to me?

If you did decide to take part in this research then the expectation is that you will fill out a questionnaire. You may also be asked to join a focus group meeting. If we decide to run these meetings, they will take between 45 and 60 minutes, and will be held at the community school location that you attend at present.

In each focus group there will be about 5-10 young people from your community and they will either be all about the same age group as you. A Research Facilitator who is a student at DeMontfort University will run the group meetings. We will be recording all the meetings and will later produce a written record of these. No one will be identified from the recording or the written version.

What do I have to do?

If you decide to take part in this study then we would need you to fill in a questionnaire. You may also be interviewed and in addition we may request that you attend a focus group meeting and take part in the discussions as a member of a small group.

How might the study affect you?

This research does not require that you give us any personal information about yourself and it should not upset you in any way. Yet still, there are some people who find it difficult to speak out in a group, You will be given full support to participate in any group. We are hoping that this research will give you the opportunity to air your views and tell us what you think about nursing as a career in the 21st century. You will be provided with a list of useful contacts in case you wish to discuss anything in regards to this research away from the focus groups, if you choose to be a part of one. If you

are the parent or carer of a minor who is participating in this research, you are welcome to attend the interview and the focus group session.

If you are harmed in any way whilst contributing in this research then unfortunately we cannot compensate you. However, if you suffer harm due to someone else's mistake then you have the right to take legal action if you wish to do so although you will have to finance this yourself (The researchers are covered by University standard liability cover).

Nevertheless, if you wish to make a complaint about the way in which you have been treated as part of this research then complaints procedures are in place and will be open to you.

Will my contribution in this research remain confidential?

Any information that we collect about you will not be forwarded to anyone outside the research team. All information about participants will be kept strictly confidential. All information will have names and addresses removed so that no one can be identified.

What will happen with the results of the research?

Our objective is to try and identify causal factors and look at possible ways to overcome any issues, which may be influencing low levels of participation in pre-registration nursing education. Hopefully we can make recommendations to try and improve the situation, so that health care delivery and practice can continue to reflect our diverse communities. We would also like to publicise the findings in professional journals such as *Diversity in Health & Social Care* and other sources. Copies of any publications will be made available if you wish to have them. Your identity will remain confidential in all publications.

What will happen to the information you collect once you have finished your research?

All data collected for this research will be stored confidentially, with access only by the researcher. The researcher's computer is password protected, with access by no one else. All tapes used for collecting information in interviews and focus groups will be securely locked in a safe cupboard, to which no one but the researcher has access, and stored for a period of six months following the end of the research. Afterwards, they will be destroyed.

Who has reviewed the research?

This research has been reviewed and approved by the DeMontfort University Research Ethics Committee.

Once we have taken your consent today, you will be given a copy of this information sheet and a form, which will also have your recorded consent to keep.

Thank you for taking part in this research.

Naomi A. Watson, Research Student
DeMontfort University
Faculty of Health and Life Sciences
Mary Seacole Research Centre
DeMontfort University
Leicester LE1.

Mark R D Johnson, Supervisor
Professor of Diversity in Health
DeMontfort University
Mary Seacole Research Centre
Leicester LE1.

APPENDIX 3

PARTICIPANT CONSENT FORM

Study working Title:

Factors Influencing the low levels of participation of second generation African Caribbean people in Pre Registration Nursing Education and the possible implications for health care delivery to a diverse British population.

Chief Investigator: Naomi A. Watson. Supervisor: Mark R D Johnson,
Mary Seacole Research Centre, De Montfort University.

CONSENT TO PARTICIPATE IN RESEARCH

I understand that the researcher will conduct this study in a manner conforming with ethical and scientific principles set out by the NHS and Research Governance Framework adhered to by the University research community in Britain.

I acknowledge that I have read, or have had read to me the Participant Information Sheet relating to this study. I acknowledge that I understand the Participant Information Sheet. I acknowledge that the general purposes, methods and possible risks which may occur to me during the study have been explained to me by “the researcher” (or his assistant) and I acknowledge that I understand what may occur during the study.

I acknowledge that I have been given time to consider the information and to seek other advice.

I acknowledge that refusal to take part in this study will not affect the usual treatment I may have or need on the NHS.

I acknowledge that I am volunteering to take part in this study and I may withdraw at any time.

I acknowledge that this research is subject to the approval of the De Montfort University Human Research Ethics Committee.

I acknowledge that I have received a copy of this form and the Participant Information Sheet, which I have signed.

I understand my identity will not be disclosed to anyone else or in publications or presentations.

I give consent for quotations of my words to be used from the interview and focus group sessions that I participate in.

I am the parent/carer/teacher of a child who is participating in this research and I hereby give consent for them to participate.

Name of participant _____ Date of Birth (if applicable) _____

Address of participant

Signature of participant/carer/teacher (tick one) _____ Date:

Signature of researcher _____ Date:

APPENDIX 4

++



De Montfort University, Faculty of Health and Life Sciences Research and Commercial Office

APPLICATION FORM FOR ETHICAL APPROVAL OF A RESEARCH PROJECT

Safety aspects relate to specific issues in addition to the normal H and S and COSHH requirements (eg: use of radioactive sources, lasers, biohazards, including microorganisms, tissue culture etc). Researchers (staff and students) should contact their line manager, project supervisor, research centre manager for guidance. The Faculty Ethics Committee Chair is Professor Paul Whiting, H.25I, extension 8283.

The ethical approval form is essential to planning a piece of research activity. Application forms completed by UG, PGT students must be returned to the relevant administrative or academic staff involved with the particular module. Application forms completed by PG Research students or staff should be returned to the Faculty Research and Commercial Office, room H2.25e, e-mail HLFSRO@dmu.ac.uk.

FORMS MUST BE SIGNED

PLEASE USE ORDINARY LANGUAGE AND AVOID JARGON

Title Title of proposed project/research activity – include module title where appropriate

Fa Factors which influence the low levels of participation of second generation African Carib people In Pre Registration Nursing education and the possible implications for health care Delivery and practice to a diverse British population.

D

Dad Startdatefortheproject: January2007.Expectedenddatefortheproject.....Sept20

Researcher's/ Name and contact details:

Naomi A. Watson, Research student. DeMontfort University, Faculty of Health and Life Sciences. Mary Seacole Research Centre. Charles Frears Campus, 266, London Road. Leicester LE2 1RQ.

Prof Mark R D Johnson, Mary Seacole Research Centre, Charles Frears Campus, 266 London Road, Leicester LE2 1RQ, DMU

Tel: 0116 201 –3906 (ext 3906)

To investigate the factors which influence the low levels of participation of British Born African Caribbean people in Pre Registration Nursing education and the possible implications for health care diversity. Questionnaires will be administered, interviews will be conducted and focus groups will be used to explore the views of the African Caribbean community, both British born and first generation people, who may or may not necessarily have been past nurses. Focus groups will concentrate on those at 11 plus and school leaving ages, currently undergoing supplementary education in community environments. Biography of past nurses will also be used to elicit personal stories of experiences as qualified nurses in order to explore what impact, if any, their past experiences as nurses have had on their children's career choices. The aim is to gain insight into the current views in the African Caribbean community about nursing as a career, in order to try and identify any issues which may be relevant to the present low levels of participation.

<p>Consent to participate Parental Consent for minors. Confidentiality Information for minors.</p>	<p>Consent is being sought through providing written information about the research and asking participants who have agreed to participate to sign accordingly. Parents of participants have been informed and their permission given for their children to be included in the research. Confidentiality is guaranteed in all written information to ensure that participants are aware that they will not be identified personally. Tapes and</p>
---	--

written notes will be anonymised and referred to via code numbers. These will all be kept in securely locked files and separate from the key documents. Only the researcher will have access to these files. They will be destroyed after the completion of the work, unless permission is given for them to be archived. The schools director and parents have agreed that the information provided about the research is understood by the children, and they do not wish for it to be further simplified, to avoid patronising them.

ESRC and IBG/RGS, also compliant with MRS and DH Research Governance

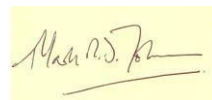
How have the requirements of those involved with the research whose first language may not be English been addressed?

This should not be an issue as all participants are of African Caribbean origin, with English as their main language.

List of accompanying documentation to support the application:

- (1) A copy of the Research proposal Yes
- (2) The details of arrangements for participation of human or animal subjects Yes
or material, (including recruitment, consent and confidentiality procedures and documentation as appropriate)
- (3) A copy of all the documentation provided to the volunteer to ensure the Yes
c clarity of information provided
- (4) Copies of appropriate other ethical committee permissions (internal or external) or supporting documentation Yes
- (5) A list of proprietary drugs or commercial drugs to be used in the proposed investigation including formulation, dosage and route of administration and known adverse side effects Not applicable
No
- (6) A brief one page curriculum vitae for each applicant, including recent publications Yes
- (7) Other Documentation:

Signature of researcher/ project director
June 2008



date 28th

APPENDIX 5

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

I hereby give permission on behalf of the board of Governors of [REDACTED] School for access to students for the purpose of administering questionnaires, interviews and conducting focus groups.

All the parents of students of [REDACTED] SCHOOL have been provided with information about this research, and have given their permission for their children to participate in this research.

SIGNED:

[REDACTED]

PRINT NAME: [REDACTED] DATE:

APPENDIX 6

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Dear [REDACTED]

I am currently undertaking some research into influencing factors that affect how people from the African Caribbean community are choosing nursing as a career. The reason for this is the present acute shortage of nurses in this country and indeed worldwide, and the fact that we now have a growing number of senior African Caribbean elders who will no doubt be needing to be looked after from a culturally sensitive perspective. With so few of our own people becoming nurses, this is going to be a big problem.

I am writing to ask your permission to issue a questionnaire to current years five and six students from your school. The purpose is to find out what they know about nursing, if anything, and their views about nursing as a professional career

The findings from the research will be used to inform current and future curriculum development in the education of students of nursing, with the aim of increasing entry to the profession, of African Caribbean and other minority ethnic students. It will also be used for information purposes to the Black British African Caribbean community, and others with an interest in this subject. A copy of the questionnaire is enclosed for your information. If you wish to discuss this further, please do not hesitate to get in touch. My number is [REDACTED]

Thank you for your help.

Yours sincerely

APPENDIX 7

Survey Questionnaire.

NURSING AS A CAREER

1: Gender: Please circle : Male Female

3:Age: _____

2: Ethnicity (Please place a check mark in the box)		✓	
(a) Black Caribbean	<input type="checkbox"/>		
(b) Black African.	<input type="checkbox"/>		
(c) Black Other/Mixed Race	<input type="checkbox"/>		
(d) White British	<input type="checkbox"/>		
(e) White Irish	<input type="checkbox"/>		
(f) Black British	<input type="checkbox"/>		
(g) White Other	<input type="checkbox"/>		
(h) British Asian	<input type="checkbox"/>		
(h) Bangladesh	<input type="checkbox"/>		
(I) Asian Other	<input type="checkbox"/>		
(j) British Chinese	<input type="checkbox"/>		
(k) Chinese Other	<input type="checkbox"/>		
(l) Mixed Race (please explain)	<input type="checkbox"/>		
(m)White British	<input type="checkbox"/>		
4: Country of Birth		Country	City
Where were you born? (Please give country and or city)			
5:Parents Birth place			
Where were your parents born?	Country	City	

Mother			
Father			
6:Age at start of school		Age	
How old were you when you started attending this school?			
7 - 8: Parents Occupation			
What is your parents' occupation?			
Mother			
8:	Father		
9: What job/career do you hope to pursue as an adult?			
10: Why have you chosen this?	Parent's Advice	Teachers Advise	Career Advisor advice
			Friends told me to
			It's a popular Job
			Other reason
			I've always wanted to
Please check applicable box ✓			
11a: Do you know anyone who is a nurse? (circle yes or no)		Yes	No
How many do you know? (enter # in box)			

NURSING AS A CAREER

11b: Relationship					
Relative					
Which relative?					
	Care for sick	Care	Care	Care for	Care

12: Students' Perspective	people	for all people	for children	old people	for anyone who needs it
What do you think nurses do?					
	Yes	No	Maybe		
13: Do you think nursing is a good career?					
	Service to Others	Good Pay	Good Status	Reward ing Job	Good Car progression
14: If yes or maybe to the above why do you think this is so?					
	Low pay	Long Shift hours	Low Status	Poor career progression	Uniform Require
15: If no, why do you think it is not?					
	Yes	No			
16: Have you had a career talk about nursing as a career?					
17: Have you had careers advice about any other jobs?					

18: If yes please say which jobs?

	Yes	No
19: Have you been invited to attend a career session at your school?		

	Yes	No
20: Would you consider becoming a nurse?		

21: Tell us why or why not?

Yes	No
-----	----

22: Would you be prepared to be interviewed or take part in a focus group to explore your responses further?	
--	--

23: Any other comments you would like to make? Please write in or continue on next page if necessary.

Thank you.

APPENDIX 8

Questions for use as interview Guide (semistructured)

The aim of the interview is to give you the opportunity to tell us your story about your experiences as a student and or worker in the NHS. The questions below are just a general guide to help you talk through, from your own biography and experiences to how you see things going forward into the future. Please take some time to read through the guide before the interview. You can use this guide as a prompt during the interview and the interviewer will only interrupt if there is something she wishes you to explain further. We start with your personal; details below:

Personal Details.

Age

sex

Ethnic Background and place of birth/arrival into UK if appropriate.

Occupation now.

Number of children

Any Nurses in the family?

Getting on to a nursing course: careers guidance /role modelling.

Tell us about your student experiences, getting on to a course, qualifications you needed to get on, who encouraged you to become a nurse and how long did it take you to get on a course? Did you receive structured career guidance? Who provided it? Did you know about nursing carer pathways before starting? Did you have any role models?

Support in school ,HE and Nursing.

Tell us about the support you received while you were a student and as a practitioner if applicable, and from who. Eg. Your personal tutor? Your family, friends? Others? Explain.

Tell us about your experiences on the program. How were you treated? Did you feel you were being treated fairly or not?? Explain.

The nursing curriculum

Tell us about the course curriculum, what was it like? Did you study about Ethnicity on your course? Was it taught in a positive way? Explain. Did you learn about Florence Nightingale/Mary Seacole on your course? Explain how and if it was taught.

Other BME nurses on your course

Were there other BME nurses on your program? How many? How did this make you feel?

Culture sensitive Care for people of BME backgrounds

What do you think is the best way to approach the issue of culturally sensitive care for BME patients? How is it taught in the nursing curriculum? Who do you think should provide this care?

Nursing as a career – The future.

What is your view of nursing as a career? Still a good career? Why or why not?

Would you encourage your children and your friends to take up a nursing career? Why or why not?

Do you know anyone who would like to share their story like you have today? (give details to researcher)

Any further comments?

Many thanks for your time.

APPENDIX 9

DeMontfort University,
Faculty of Health and Life Sciences,
Mary Seacole Research Centre,
Leicester LE2 1RQ.

The Head Teacher

Dear Head teacher

I am currently undertaking research into nursing career choices of British African Caribbean people. The purpose is to find out what they know about nursing, if anything, their views about nursing as a professional career, and how their decisions are influenced.

I am writing to ask your permission to issue a questionnaire to your current final year students. Any data collected will be totally confidential and your school will not be personally identified.

The findings from the research will be used to inform current and future curriculum development in the education of students of nursing, with the aim of increasing entry to the profession, of British African Caribbean participants and other minority ethnic students. A copy of the questionnaire is enclosed for your information. If you wish to discuss this further, please do not hesitate to get in touch. My number is [REDACTED]

Thank you for your help.

Yours sincerely

Naomi A. Watson

APPENDIX 10.

Emerging Themes From Interviews:

Interview Number	1	2	3	4	5	6	7
Emerging themes							
1. British born/educated	√	√	√	x	√	x	√
2. Parental /peer support/encouragement	√	x	√	√	x	√	√
3. Coping strats at school	√	√	√	√	√	√	√
4. Additional schooling support	√	x	x	x	x	x	x
5. Black tutor support	√	√	x				
6. School careers guidance	x	x	x	x	x	x	x
7. Parental occupation/Impact on career choices	√	√	√	√	√	√	√
8. Student support on course/in work	x	x	√	x	√	x	x
9. Feelings of Isolation as only black student on course	√	√	x	x	√	√	x
10. Feelings of not being wanted/valued	√	√	√	x	√	√	√

on course or in work							
11. Feelings of unfairness, of being treated different by white tutors.	√	√	√	√	√	√	√
12. Personal resilience and determination.	√	√	√	√	√	√	√
13. Race/Ethnicity and Racism experienced	√	√	√	√	√	√	√
14. Challenging unfairness/its difficulties and dilemmas (Discussed)	√	√	√	√	√	√	x
15. Future possible career choices re nursing as a career for own/future children	√	√	√	√	√	√	√
16. Positive Views about nursing as a career..	√	√	√	√	√	√	√
17. Feelings of lack of belonging /unwanted despite achievements as a Black person.	√	√	√	√	√	√	√

Figure 2.

Fig. 2. Themes and subthemes Identified

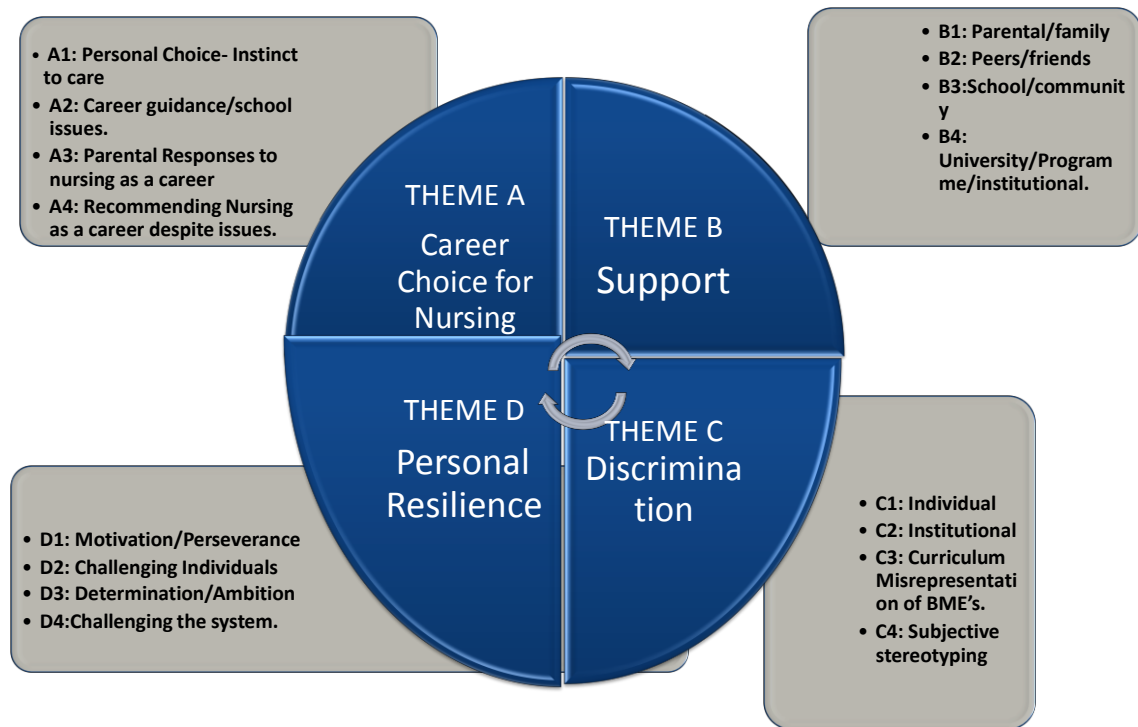
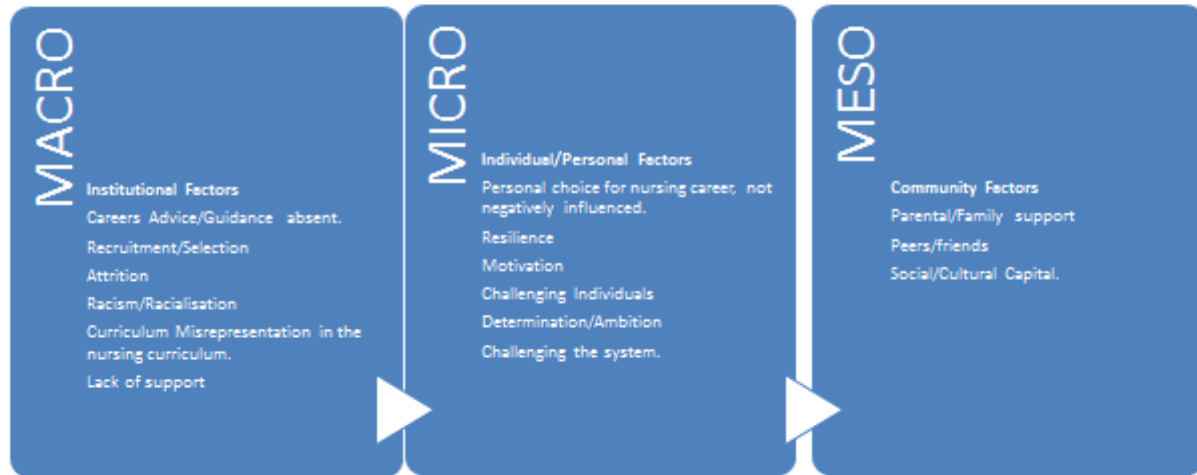
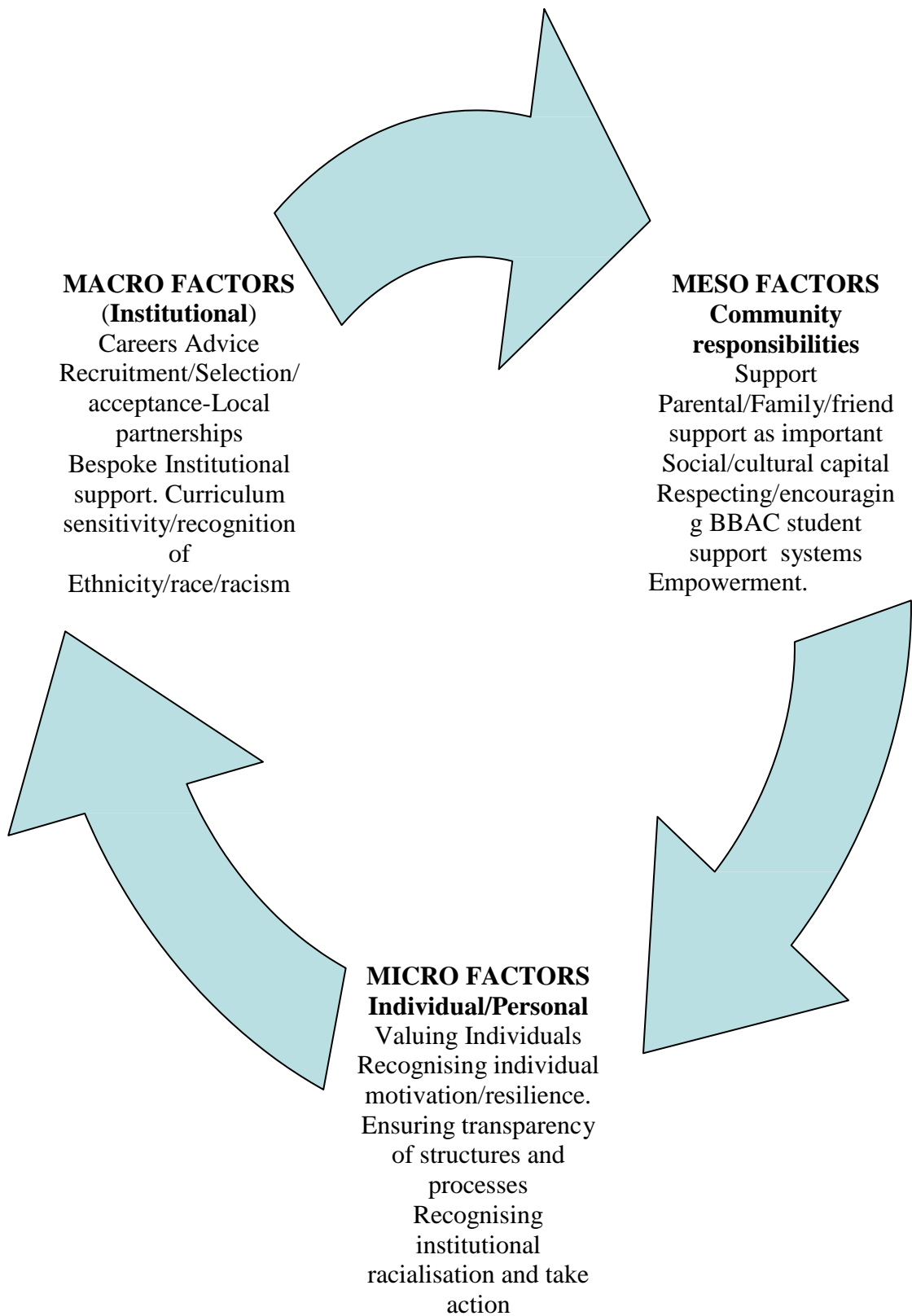


Figure 3: Influences on participation Using (Rattansi 2005).





Watson's Model of Inclusive Participation. (Figure 4.)